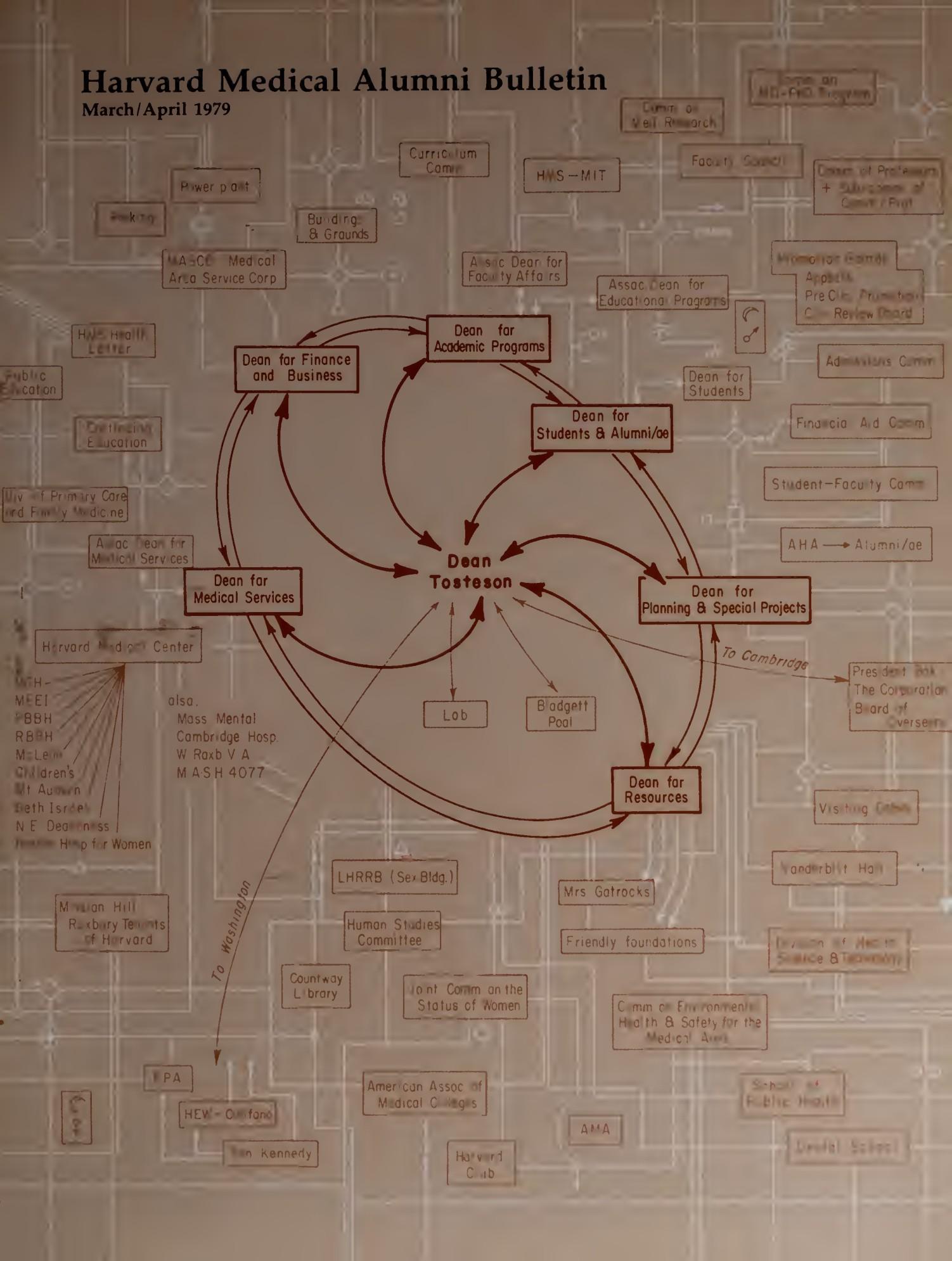


# Harvard Medical Alumni Bulletin

March/April 1979



# Alumni Travel Program

## 1979-1980

This travel program is a special one for alumni of Harvard, Yale, Princeton, Cornell, Columbia, M.I.T., Brown, Dartmouth, Univ. of Pennsylvania and certain other distinguished universities and for members of their families. Designed for educated and intelligent travelers, it is planned for persons who might normally prefer to travel independently, visiting distant lands and regions where it is advantageous to travel as a group. The programs avoid the excessive regimentation normally associated with group travel, and are planned to include generous amounts of leisure time in the course of travel to allow for individual interests.

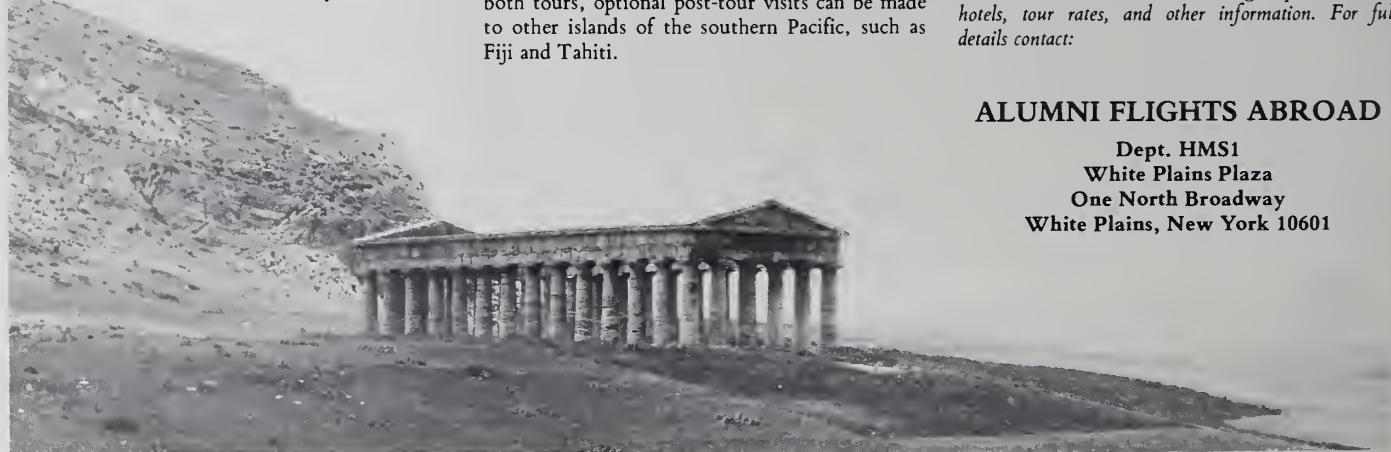
1979 represents the 15th year for the program. Additional new itineraries are in the planning stage as well, including the Galapagos, southern India, the People's Republic of China and other areas.

**REALMS OF ANTIQUITY:** Journeys into the past to explore the history and civilization of the ancient world. One itinerary of 17 days—**VALLEY OF THE NILE**—offers a comprehensive and authoritative survey of ancient Egypt. Starting with the British Museum and the Rosetta Stone, it visits the great monuments of ancient Egypt stretching along the Nile Valley from Memphis and Cairo to Abu Simbel near the border of the Sudan, including a cruise on the Nile from Luxor to Aswan. A second itinerary—**AEGEAN ADVENTURE**—covers the archeological treasures of classical antiquity in the lands of the Aegean in a journey of 23 days. It includes not only the historic sites of ancient Greece but also a rare view of ancient cities in Asia Minor, including the ruins of Troy, and in addition includes a cruise through the Aegean to Crete and other Aegean isles. A third itinerary—the **MEDITERRANEAN ODYSSEY**—is a 22-day journey which follows the spread of classical antiquity into the western Mediterranean: the splendid ruins of the classical Greek cities of Sicily, the historic ruins of Carthage, ancient Roman cities in North Africa, and the fortress cities of medieval Crusaders on the rocky isle of Malta.



**EAST AFRICA:** A distinctive program of safaris, ranging in length from 16 to 32 days, to the great game-viewing areas of Kenya and Tanzania and to the beautiful islands of the Seychelles. Led by experts on East African wildlife, the itineraries are carefully planned and comprehensive, offering an unusually complete opportunity to see and photograph the wildlife of Africa.

**THE SOUTH PACIFIC and EXPEDITION TO NEW GUINEA:** The island continent of Australia and the islands of New Zealand are covered by the **SOUTH PACIFIC**, 28 days, unfolding a world of Maori villages, boiling geysers, fiords and snow-capped mountains, ski plane flights over glacier snows, jet boat rides, sheep ranches, penguins, the Australian "Outback," historic convict settlements and the Great Barrier Reef. The primitive and beautiful world lying slightly to the north is seen in the 24-day **EXPEDITION TO NEW GUINEA**, a rare glimpse into a vanishing world of Stone Age tribes and customs. Includes the famous Highlands of New Guinea, with Sing Sings and tribal cultural performances, and the remote villages of the Sepik River and the vast Sepik Plain, as well as the North Coast at Madang and Wewak and the beautiful volcanic island of New Britain. For both tours, optional post-tour visits can be made to other islands of the southern Pacific, such as Fiji and Tahiti.



**CENTRAL ASIA AND THE HIMALAYAS:** A choice of 23 or 29-day itineraries exploring the vast historic and cultural heritage of India, the untamed Northwest Frontier region of Pakistan and the remote mountain kingdom of Nepal. Includes the famed Khyber Pass, imposing Moghul forts, sculptured temples, lavish palaces, formal gardens, the teeming banks of the Ganges, snow-capped peaks of the Himalayas along the roof of the world, picturesque cities and villages, the splendor of the Taj Mahal, and hotels which once were palaces of maharajas.

**THE FAR EAST:** Two itineraries which offer a fascinating insight into the lands and islands of the East. **THE ORIENT**, 29 days, is a classic tour of ancient and modern Japan, with special emphasis on the cultural treasures of Kyoto, and includes as well the important cities of Southeast Asia, from Singapore and Hong Kong to the temples and palaces of Bangkok and the island of Bali. A different and unusual perspective is offered in **BEYOND THE JAVA SEA**, 34 days, a journey through the tropics of the Far East from Manila and the island fortress of Corregidor to headhunter villages in the jungle of Borneo, the ancient civilizations of Ceylon, Batak tribal villages in Sumatra, the tropical island of Penang, and ancient temples in Java and Bali.

**SOUTH AMERICA:** An unusually comprehensive 28-day journey through the vast continent of South America, with dazzling pre-Columbian gold, ornate colonial churches and palaces, the ruins of the ancient Inca civilization, snow-capped peaks of the Andes, famed Iguassu Falls, the futuristic city of Brasilia, and other sights. Optional post-tour extensions are available to Manaus, in the heart of the jungle of the Amazon, and to Panama.

Prices range from \$2,215 to \$4,175 from U.S. points of departure. Air travel is on regularly scheduled flights of major airlines, utilizing reduced fares which save as much as \$600.00 and more over normal fares. Fully descriptive brochures are available, setting forth the itineraries in detail and listing departure dates, hotels, tour rates, and other information. For full details contact:

### ALUMNI FLIGHTS ABROAD

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White Plains, New York 10601

# Harvard Medical Alumni Bulletin

March/April 1979  
volume 53 number 4

Credits: cover, p. 1, Paul Andriesse; p. 2, Bradford F. Herzog; p. 5, Bob Sheehan; p. 7-41, Mark Rosenberg; p. 51, courtesy of Dr. Frank Wheelock.

**Editor's Note:** To author the biographical sketches of a cross section of the administration of the Harvard Medical School, we enlisted the talents of the HMAB editorial board.

## 7 Views from the Top

### 8 Daniel C. Tosteson '48: Dean

George S. Richardson profiled the principal in the configuration of deans.

### 12 James S. Adelstein '53: Dean for Academic Programs

Curious about the route of a fellow HMS denizen, Robert M. Goldwyn talked with Dean Adelstein about academic and other prerogatives.

### 15 Eleanor G. Shore '55: Associate Dean for Faculty Affairs

Steve Hoffman describes the eclectic background that Associate Dean Shore brings to coping with the vicissitudes of HMS's substantial teaching force.

### 18 Mitchell W. Spellman, M.D.: Dean for Medical Services

Guillermo C. Sanchez learned that Dean Spellman's locus is HMS, the teaching hospitals, and the government.

### 21 Richard M. Ryan, Jr.: Associate Dean for Medical Services

Are a degree in public health and Navy experience preparation for becoming Associate Dean for Medical Services? Sharing both criteria himself, John Levine aimed to find out.

### 29 Daniel D. Federman '53: Dean for Students & Alumni

Dean Federman serves two constituencies - students and alumni. In a conversation with Vicki Heller, he revealed his partisan relationship to the student body.

### 32 Carola Eisenberg, M.D.: Dean for Student Affairs

The commonplaces of student life figure prominently for Dean Eisenberg, according to J. Gordon Scannell.

### 35 Henry C. Meadow: Dean for Special Projects & Planning

Dean Meadow, HMS's doyen, told George Richardson some about the changing tides at Harvard Medical School over the past thirty years.

### 38 Mitchell Adams: Dean for Finance & Business

Fiscal management is not the only kind of management that Dean Adams oversees, as he explained to Nancy Kougeas.

### 40 Alan Olsson: Dean for Resources

Deborah Miller spoke with Dean Olsson about his philosophy for strengthening and enlarging the financial base of HMS.

## News and Views

### 2 Alumni Day, Scientific Symposia Programs

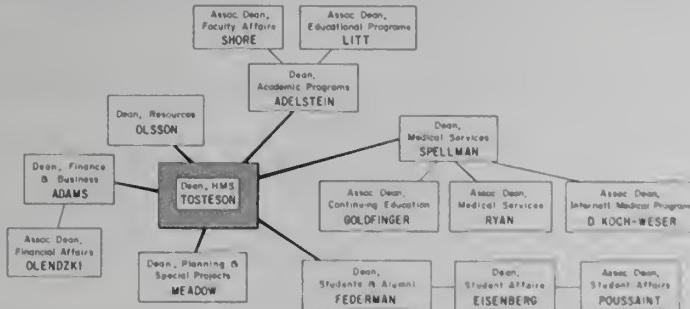
### 4 Overview

### 43 Alumni Notes

### 49 Death Notices

### 51 Leland S. McKittrick

While the cover depicts a Rube Goldberg analysis of Harvard Medical School, the scope of the complexity is not at all far-fetched. To distinguish the true from the somewhat imaginative, we present a chart of the upper echelons of the administrative structure of HMS.



# ALUMNI DAY 1979: FRIDAY, JUNE 1

SAME PLACE. THIS YEAR.  
Come and join in the Alumni Day  
festivities as the Quadrangle  
is in bloom with good talks,  
good friends, and good food.



8:00 AM-1:00 PM Registration, Building A

9:30 AM Welcome

Perry J. Culver '41, Director of Alumni Relations  
Daniel D. Federman '53, Dean for Students & Alumni

---

MODERATOR: THOMAS F. O'BRIEN '54

---

NORMAN TRIEGER '54 "Like Wow, Man — A Guide for the Perplexed"

EDWARD MESSNER '54 "Politics, Politicians and the Psychoanalyst"

LOT B. PAGE '49 "Some Lessons from Primitive Societies"

NEILL K. WEAVER '44 "Adventures of an Adjunct"

NANETTE K. WENGER '54 "Has Anything Changed in Twenty-five Years? —  
Tom Lehrer Revisited"

GUY S. HAYES '39 "Diddling with the Patient"

12:15 PM Annual Business Meeting

William R. Christensen '42, president  
Melvin P. Osborne '42, secretary  
Carl W. Walter '32, chairman of the alumni fund

Presentation of the 25th reunion gift  
Installation of the new president, Gordon A. Donaldson '35

1:00 PM Refreshments and luncheon on the Quadrangle

# SCIENTIFIC SYMPOSIA 1979:

## THURSDAY, MAY 31

Amphitheatres C & E  
Registration in Building A

### I. MORNING SESSION, 9:30 AM-12:30 PM, AMPHITHEATRE C

*Moderator: Alexander Bill '39, Vice President for Research and Development, Aquasea Farm; Clinical Professor of Surgery, University of Washington*

*Vincent P. Dole '39, Professor and Senior Physician to the Hospital, Rockefeller University*  
"Metabolic Theory of Addiction"

*Sam L. Clark '49, Professor of Anatomy and Director of the Center for Educational Resources, University of Massachusetts Medical School*  
"The Education of Lymphocytes and Medical Students"

*Alexander Rich '49, Sedgwick Professor of Biophysics, Massachusetts Institute of Technology*  
"How are Proteins Made: the Special Role of Transfer DNA"

*Arthur L. Herbst '59, Chairman and Joseph Bolivar DeLee Professor, Department of Obstetrics and Gynecology, University of Chicago*  
"Hormones and the Fetus and Big Brother"

### II. MORNING SESSION, 9:30 AM-12:30 PM, AMPHITHEATRE E

*Moderator: Charles S. Davidson, M.D., Senior Lecturer in Medicine, Massachusetts Institute of Technology; William Bosworth Castle Professor of Medicine, Emeritus, Harvard Medical School*

*Barry M. Brenner, M.D., Samuel A. Levine Professor of Medicine, Peter Bent Brigham Hospital*  
"The Process of Glomerular Filtration — Modern Concepts of Regulation and Response to Injury"

*Stuart F. Schlossman, M.D., Professor of Medicine, Sidney Farber Cancer Institute*  
"The Human Lymphocyte: Some Recent Advances"

*Norman Geschwind '51, James Jackson Putnam Professor of Neurology, Beth Israel Hospital*  
"Anatomical Asymmetry of the Human Brain and its Implications"

- Luncheon will be served in the Quadrangle 12:30-2:00 PM
- The Symposia have accreditation in Category I for six hours toward the AMA's Physician Recognition Award.
- Parking for the Scientific Symposia and Alumni Day is available at Simmons College on Louis Pasteur Avenue.

### III. AFTERNOON SESSION, 2:15 PM-5:15 PM, AMPHITHEATRE C

*Moderator: K. Frank Austen '54, Theodore Bevier Bayles Professor of Medicine; Robert Breck Brigham Hospital, Physician in Chief*

*Arthur E. Baue '54, Donald Guthrie Professor of Surgery; Chairman, Department of Surgery, Yale School of Medicine*  
"Coronary Bypass Grafts — Should There be a Second Opinion?"

*Howard A. Pearson '54, Professor and Chairman, Department of Pediatrics, Yale-New Haven Hospital*  
"The Spleen, Splenic Function and Splenectomy"

*Emanuel Rubin '54, Professor and Chairman, Department of Pathology and Laboratory Medicine, Hahnemann Medical College and Hospital of Philadelphia*  
"Alcohol and the Liver — What have you been doing to yourself for 25 years?"

*Miles F. Shore '54, Bullard Professor of Psychiatry, Harvard Medical School; Head, Department of Psychiatry, Massachusetts Mental Health Center*  
"Psychiatry and Science"

*Gerold L. Schiebler '54, Professor and Chairman, Department of Pediatrics, J. Hillis Miller Health Center, University of Florida*  
"Health Care Planning for Children at the Local, State, and Federal Levels, with Emphasis on Legislation, Child Advocacy and Funding"

### IV. AFTERNOON SESSION, 2:15 PM-5:15 PM, AMPHITHEATRE E

*Moderator: Paul S. Russell, M.D., John Homans Professor of Surgery, Harvard Medical School; Chief, Transplantation Unit, Massachusetts General Hospital*

*Edwin W. Salzman, M.D., Professor of Surgery, Beth Israel Hospital*  
"Cost Effectiveness of Prophylaxis of Venous Thrombo Embolism"

*Samuel Hellman, M.D., Alvin T. and Viola D. Fuller American Cancer Society Professor of Radiation Therapy, Shields Warren Radiation Lab*  
"Cancer Cure with Functional Preservation: Collaborating not Competing Therapeutic Modalities"

*John Hedley-Whyte, M.D., David S. Sheridan Professor of Anesthesia and Respiratory Therapy, Beth Israel Hospital*  
"Recent Advances in Intensive Care"

# Overview

## Admissions in the interim — pre-Hellman, post-Bakke

In the wake of the Bakke decision last June, medical schools throughout the country began scrutinizing their admissions policies. At HMS, advice by the University's General Counsel Daniel Steiner prompted the formation of an Ad Hoc Committee to review the role of the Minorities Admissions Subcommittee in the admissions procedure for the class entering September 1979.

At the January 12 meeting of the Faculty Council, the Ad Hoc Committee presented its recommendations and the Council voiced its approval of them. The committee advised that the Minority Admissions Subcommittee be retained, and that the interview procedure be modified so that greater responsibility is placed upon the main Admissions Committee for the final selection.

The main Admissions Committee at HMS has fifteen members, including three student members. There have been and will continue to be five subcommittees. Three of these concentrate on applicants from defined clusters of schools from which a large number of applicants are received; the Minority Subcommittee focuses upon applicants from four groups — Blacks, mainland Puerto Ricans, Chicanos, and Native Americans; and the fifth subcommittee evaluates applicants to the HMS-MIT Program in Health Sciences and Technology (HST).

In the past, the appropriate subcommittee did most of the work of screening folders, interviewing students, and recommending candidates to the main

committee, which then made the decisions regarding admission. The modified procedure still entails two interviews for each student, but one will now be conducted by an interviewer not on the subcommittee that processes the application. After reviewing all of its interviewed applicants, each subcommittee will forward an unranked list of applicants "whose promise gives them sufficient chance of acceptance on a truly competitive basis to merit consideration by the full committee."

Candidates will thus be presented to the full committee by a member who has not been on that candidate's subcommittee. The full committee will review approximately twice the number of applicants expected to matriculate. After discussion and competitive ranking of each candidate, decisions will be made by a vote of the Admissions Committee.

Dr. Oglesby Paul, director of admissions, assured the Faculty Council that the modified procedure does not affect the school's goal of admitting a diversified class, and that the "commitment to maintain and improve current policies for the enrollment of minority group students remains undiminished."

Two other points were clarified in the Ad Hoc Committee's report: "Harvard Medical School sets aside no quota, either floor or ceiling, for any ethnic or other identifiable group. Every applicant is eligible to compete for every place," and "Applicants are compared individually, looking to the overall contribution which each promises to make to the medical profession and the educational goals of the Harvard Medical School."

The report continues with "during the past seven years, the number of minority students matriculating in the entering class has averaged 28.6 ranging between 23 and 32. The experience has demonstrated that this general proportion of talented minority students is necessary, and if possible should be increased in order to achieve the educational goal of a truly diverse student body."

The modifications recommended by the Ad Hoc Committee were in effect for the current admissions year, and letters of

acceptance for the class entering in September 1979 were mailed in mid-February. Preliminary statistics reveal that 191 applicants received acceptances, eleven of whom were offered places at both HMS and the Harvard-MIT Division of Health Sciences and Technology, for a total of 202 acceptances. Of this number, 140 are males and 62 females. The minority figures show 25 Blacks (2 were accepted to both programs), 5 Puerto Ricans, and 5 Mexican-Americans.

The admissions procedure continues to undergo review by the Hellman Committee, which was appointed by Dean Tosteson in May 1978, before the Bakke decision. Chaired by Dr. Samuel Hellman, it is expected to complete its work this spring.

## Genetics department: this time for real

The field of molecular genetics has expanded greatly in recent years with advances such as the elucidation of the structural features of DNA and progress in cell biology contributing to its rapid growth. Nevertheless, faculty working in genetics at Harvard have found themselves dispersed throughout several basic science departments in the Quadrangle, a number of the teaching hospitals, and at the schools of Dental Medicine and Public Health.

A vote by the Faculty of Medicine last October, recommending that a department of genetics be formed at the Medical School, should bring the basic science and clinical faculty now working in genetics into closer proximity. A committee, appointed after the vote and chaired by Dr. Baruj Benacerraf, is currently considering the structure the department should take, and the resources necessary to implement it. A search also has begun for three tenured faculty members, including a chairman.

Attempts to establish a genetics department at the Medical School go back fifteen years. In 1964 and 1965, after an

unsuccessful effort to recruit a chairman, the formation of the department lost momentum. Then, in 1976, an inter-faculty Working Group on Genetics was formed and a year later reported that "teaching of genetics has remained less extensive here than in other medical schools. Moreover, classical genetics, which has much relevance for clinical genetics and for research on genetic aspects of disease, is taught by clinical geneticists, who have other major responsibilities and who consider themselves better qualified for instruction in the clinical aspects of the subject."

To alleviate this, the Working Group explored a number of ways to introduce a strong genetics component into the Medical School curriculum — including such options as enlarging an existing department to carry out the genetics program — but concluded that there was "no adequate solution without a department structure for genetics."

Besides uniting faculties now working in the field, it is expected that a genetics department will strengthen educational

programs at the preclinical and clinical levels and will include programs in cell culture and somatic cell genetics, cytogenetics, biochemical genetics, pharmogenetics, immunogenetics, and developmental genetics. The committee is also examining potential resources for appointments and space at the Quadrangle, the Massachusetts General Hospital, and the Howard Hughes Institute, which is planning a building in the medical area.



### Changing vistas



Work on the Affiliated Hospitals Center continues to change the landscape of the medical area. Above, a recent view of the 680-bed tower; units housing the laboratories will open late in May or early in June; the first patients are expected to be admitted in 1980. Administrative personnel of the three hospitals made a permanent move in April to offices in the Neville Building in nearby Mission Park.

# HARVARD ALUMNI COLLEGE 1979

## Session I July 8-13

### Mid-Life and Beyond: Aspects of Aging in America

*Faculty:* Preston K. Munter, M.D., Director of the Law School Health Services and Psychiatrist to the University Health Services (Director), Jane Appleton, William S. Appleton, Anthony G. Athos, Charles R. Beye, Barrie S. Grieff, Bennett S. Gurian, G. Timothy Johnson, Samuel D. Osherson, Douglas H. Powell, David Riesman

## Session II July 15-20

### The Heritage of Classical Civilization: Four Great Turning Points in the Culture of Greece and Rome

*Faculty:* Glen W. Bowersock, Professor of Greek and Latin, and John H. Finley, Jr., Eliot Professor of Greek Literature Emeritus (Directors), Oleg Grabar, Emily Vermeule

## Session III July 22-27

### Perspectives on Three Great Traditions of Asian Art: India, China and Japan

*Faculty:* John M. Rosenfield, Abby Aldrich Rockefeller Professor of Oriental Art (Director), Ann Clapp, Wilma Fairbank, John Hay, Robert D. Mowry and others

The fee per person per session is \$295 for participants desiring accommodation in Kirkland House, and \$235 for commuters. Both fees include tuition and most meals.

Harvard Alumni College is a continuing education program for alumni and alumnae of Harvard and Radcliffe, members of their immediate families and parents of students. It is open to others on a space-available basis.

For further information contact

**Harvard Alumni College**  
Wadsworth House  
Cambridge, MA 02138  
617-495-5342

## Two Moseley fellows selected for 1979-80

Louis G. Lange III, who received both his M.D. and Ph.D. in 1976, and Jonathan Silver '74 have been named recipients of Moseley Travelling Fellowships for postdoctoral study in Europe for 1979-1980. In awarding the fellowships, preference is given to HMS graduates who have already demonstrated their ability to make original contributions to scientific knowledge and who intend to devote themselves to careers in academic medicine. They must also have planned a program of study which will contribute to their development as scholars and teachers.

On February 1, 1979 Dr. Lange began a year's study with Professor L.L.M. Van Dennen in the department of biochemistry at the State University of Utrecht, Holland. He is investigating problems of membrane asymmetry and red blood cells. One aim of his project is to examine the localization of phospholipids in the erythroblast membrane and to monitor possible alterations in phospholipid content and composition during maturation. Dr. Lange did his doctoral thesis research with Professor Bert L. Vallee in the laboratory of biophysics at the Peter Bent Brigham Hospital and Harvard Medical School.

Dr. Silver will work in collaboration with Drs. Natalie Teich of the Imperial Cancer Research Fund Laboratories, London, England and Michael Dexter at the Paterson Laboratories, Christie Hospital and Holt Radium Institute in Manchester. His fellowship begins on July 1, 1979 and his work will continue through June 30, 1980. Dr. Silver will study Friend virus infection of long term bone marrow cultures. Friend virus causes erythroleukemia in susceptible strains of mice. His work involving the study of Friend virus interaction with bone marrow cells grown *in vitro* will enable detailed analysis of the mechanism of viral transformation leading to hematologic cancer.

Moseley Fellowships are awarded for periods of no less than one year of research in the basic or clinical sciences. Usually one is awarded each year; however, since none was given for 1978-79, funds allowed selection of two candidates this year.

## Carlton B. Chapman '41 to present Gay lecture

On May 17, 1979, Carlton B. Chapman '41 will give this year's George W. Gay Lecture on medical ethics in the Benjamin Waterhouse Room of Building A of the Medical School at 5:00 p.m. Dr. Chapman, who is president of the Commonwealth Fund of New York, will speak on "The Professional Ethic and Formal Ethics."

The Gay Lectureship was begun by George W. Gay to perpetuate his deep concern for the welfare of patients and his appreciation of the constantly arising social and economic forces that impinge on medical care. In 1917 he established a fund to provide an annual income to support lectures on medical ethics.

Dr. Chapman became dean of the Dartmouth Medical School in 1966 and was later appointed vice president in charge of medical and scientific affairs.

He left Hanover in 1973 to become vice president, then executive vice president and currently president of the Commonwealth Fund.

### Erratum:

Two errors in the Promotions and Appointments list published in the Jan./Feb. issue have come to our attention. Park E. Dietz is an assistant professor, not an assistant clinical professor of psychiatry at McLean Hospital; and Arthur J. Sytkowski is an assistant professor of pediatrics at Children's Hospital, not at the MGH. We apologize for any confusion these errors may have caused.

## Bulletin Board

### OPPORTUNITIES

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# VIEWS FROM THE TOP



Not a bad batting average: nine out of ten deans on terra firma. From left: Meadow, Olsson, Eisenberg, Tosteson, Adelstein, Spellman, Adams, and Shore, with Federman the out of town dean.

**M**eet the Deans. The *Alumni Bulletin* has imparted news of each of Dean Daniel C. Tosteson's appointees as they have been announced over the past two years. When his administrative team seemed largely complete, the *Bulletin* thought it timely for the alumni/ae to know what each of these people is doing and how their respective positions dovetail with one another. This issue has been conceived as an opportunity to present a forum for the views of the Dean and nine of his associates, as well as to profile them informally.

What is true for a scientist on a microscopic level is equally true for an administrator on a gross scale: Tosteson understands that a system as large and dispersed and as intense as Harvard's will work only if the different parts are organized according to function within a recognizable paradigm. His single most noticeable change has been hierarchical. He has devised, in effect, a Dean's Office group with six principal Deans for: academic programs, medical services, students and alumni/ae, planning and special projects, finance and business, and resources. This group retains several titles and job descriptions that bear a vague resemblance to those of previous incumbents, but all except one of the faces are different. Because of the imprint of a new Dean and new developments — both internal and external — the agenda are different too.

With seven full-rank Deans and a complement of Associate Deans, the administration, at first sight, looks like a maze. Yet in the context of keeping the HMS behemoth running smooth, the need for identifying and consolidating areas of like concern is quite apparent. Tosteson views the nucleus of Deans as colleagues who have their discrete spheres of influence, but who readily consult when the subject matter does not fit neatly into just a single category. Perhaps the most telling

example of the direction that the Dean is encouraging is the weekly meetings with the six first-line administrators.

We chose to focus only on the people whom Dean Tosteson had named to administrative posts since his arrival. It turns out that by this mechanism, several people who have been functioning in a similar capacity were not included — namely, Stephen E. Goldfinger, M.D., Associate Dean for Continuing Education, Richard J. Olendzki, Associate Dean for Financial Affairs, Dieter Koch-Weser, M.D., Associate Dean for International Medical Programs, and Alvin F. Poussaint, M.D., Associate Dean for Student Affairs. Just announced is the promotion of Mortimer Litt, M.D., from Assistant Dean for Teaching Resources to Associate Dean for Educational Programs. In future issues of the HMAB we plan to describe other aspects of the HMS administration, including those persons who are not among the recent appointees.

A few statistics about this fellowship of Deans indicate that extracurricular medical experiences have penetrated the lives of several: five have spouses who are also pursuing medical careers (Eisenberg, Federman, Ryan, Shore, Spellman, Tosteson) and three have children in various stages of medical education (Eisenberg, Meadow, Spellman); moreover, four — Adelstein '53, Federman '53, Shore '55, and Tosteson '48 — have an intimate understanding of the Medical School from their vantage points as alumni/ae

We hope this issue will begin to show what is required to manage the large-scale complexity of HMS. From the kind of people Dean Tosteson has chosen to help him, and the progress they are making as they advance on their respective learning curves, the prognosis for his administrative strategy is optimistic.

— DEBORAH MILLER

# Daniel C. Tosteson '48 Dean

**E**ditorship has its privileges. One of mine has been to interview Dean Daniel C. Tosteson for this issue — both a privilege and a pleasure as this was a thirtieth reunion for both of us, with little contact in the intervening years. I entered our meeting with a vivid albeit thirty year old impression — the memory of a fourth year medical student (HMS '49) in an olive drab lab coat who was working with E. M. Landis on hypertensive rats. (It's in the curriculum vitae, paper no. 1 of 88 publications that beginning with paper no. 3 focus irreversibly and permanently on ions and membranes.) In the years since, the young man of my memory conducted impressive research at Brookhaven, the NIH, and Copenhagen, and became associate professor (physiology) at Washington University, St. Louis (1958-61) professor and later James B. Duke Distinguished Professor at Duke University (1961-75), Dean at the Pritzker School of Medicine of the University of Chicago (1975-77), and now, our very own Dean (1977- ).

There was a word for the kind of HMS IV Tosteson had been, an "eager beaver." He had radiated a youthful openness, an irrepressible cheerful energy, a sharpness, a freshness and an altogether natural aggression. We of the middle-aged contingent are used to reunions and the sensation of changed-but-just-the-same that goes with them. I found that our Dean had grown, but, happily, had not changed a bit. The dauntless air was intact, giving the impression of one who had known more victories than defeats. This man clearly believes in the future — he lives in it. The openness, too, is there; he listens, unblinkingly involved. His answers are like good tennis: he connects with the ball, your ball, and puts it exactly where he wants it. He is happy with big abstractions, but he also trusts people, can work with them, and is confident that they can work with each other.

Tosteson has a Brobdingnagian work schedule for which he almost needs an understudy. He used to indulge himself by trying to set aside an hour and a half weekly for swimming laps at Harvard's new Blodgett pool, but even this respite has had to succumb (temporarily, he hopes) to the exigencies of his office.

He seems to have a full-fledged ideology that embraces the goals of Harvard medicine and his own role. He quotes and fully approves a statement attributed to Aristotle: "Medicine begins in philosophy and philosophy ends in medicine."



Tosteson's philosophy may well find its way into a little handbook — parts have, in fact, already been published. ("The relevance of basic medical science to medical practice," J. Med. Education 45:557-563, 1970; "Physiology and the future," The Physiologist 17:423-430, 1974; "The right to know: public education for health," J. Med. Education 50:117-123, 1975.) Our interview turned out to be a sampler of his ideology.

— GEORGE S. RICHARDSON

"The measure of the effectiveness  
of the administration is the extent to  
which it is able to be helpful."

*How did you make the shift from rigorous biophysical science on cell membranes to administration and its problems? Is there anything that these two fields have in common?*

I have found that my experiences as an experimentalist and as an individual concerned with biological organization, physiological organization, have been useful to me. What I mean is that I note correspondences between issues that arise in thinking about social organizations and problems that I have grappled with at the level of biological organization. For example, I have long been interested in the property of hierarchy in living systems. Herbert Simon, the psychologist and economist, in his brilliant essay, "The Architecture of Complexity," develops the point that hierarchy is an important feature of both biological and social, indeed of all complex, systems. A lot of research in biology suffers because it is conducted at a level of biological organization that is not commensurate with the level of organization in which the hypothesis under test is cast. It fails to distinguish important from unimportant features of a vastly complicated system. A quantum mechanical description of a Ford automobile, for example, is simply silly. The art of casting hypotheses at a level appropriate for testing is central to doing good science. Likewise, dealing with the appropriate hierarchical level is essential to good administration.

*Do you think, then, that the Dean's office is sort of a CNS for the Medical School?*

The analogy breaks down instantly. The programs of the School can only be conceived and implemented by the faculty and students. The faculty consists of persons who have devoted the mental work necessary for becoming knowledgeable in some segment of human experience and who are engaged in the process of exploring the unknown. No administrator who is successful is going to try to impose his or her views on them or on that process.

*In your previous administrative experiences did you learn things that you feel you can apply directly to HMS?*  
I did not learn much about organizations that is directly applicable. You cannot imagine two institutions of the same generic type, that is private universities and medical schools, that are more different than the University of Chicago and Harvard. Duke is much more like Chicago than it is like Harvard, but it is also significantly different from Chicago. However, at both places I learned that effective functioning depends on open, honest and mutually helpful relations among individual persons. That lesson is directly applicable to the Harvard Medical School.

*In a way you have a less feasible world here than in Chicago, where the medical school is subsumed under the Division of Biological Sciences and one dean governs them both, and the school — again, through the dean, administers its own hospitals. The systems analyst would say that the Chicago system on paper makes more sense. I have even heard people question whether HMS tuition in the fourth year should be paid to the Medical School at all since the students are receiving their education in the hospitals.*

Well, that raises the question of the concept of the School. My concept is not what you see looking out this window, but the entire system. It is obviously ridiculous to think of Harvard's effort in medical education as restricted to the work that is going on at this campus. The essential function of this part of Harvard University is to encourage higher learning in medicine. We are a community of scholars, and the boundary of that community cannot be sharply drawn. I take it to be the function of the administration to help persons associated one way or another with this University to learn in medicine. Now, the education of undergraduate medical students is, of course, a central and highly important part of that, but it's not the only part. The School should and does have an interest in so-called premedical education. It is pure nonsense to suppose that the education of a physician begins at the moment when he or she appears in medical school. I think there is much room for creative thought and action at the juncture of college and medical school. This means an improved interaction between the medical faculty and other Harvard faculties. I worked a lot on that in Chicago and at Duke, and I intend to do so here.

*How about postgraduate medical education? Is a graduate student in surgery at one of the teaching hospitals as much a part of the School as a graduate student in biochemistry in the department of biochemistry located in the Quadrangle?*  
In an important sense, yes. I look on graduate medical education carried out in the affiliated hospitals as being quite analogous to the basic science department programs in graduate education leading to a Ph.D. Any teaching and learning activity is a legitimate function to the extent that it is a major part of the activity of the faculty of Harvard Medical School. The relation is as much a cooperative one — in the case of the basic medical sciences — as it is in the case of postgraduate clinical training. Within Harvard University, only the Faculty of Arts and Sciences is entitled to grant the Ph.D. degree; none of the professional schools can do so. Ph.D. degrees offered through work carried out in the Quadrangle are under the control of the Division of Medical Sciences of the Faculty of Arts and Sciences, which was founded in 1905.

I think of the Medical School as a spectrum of learners that goes from college through graduate education in a hospital or laboratory and beyond. I feel very strongly that to be a good physician requires being an able learner and that our chief concern is with helping our graduates and other physicians to build and maintain their learning skills. I would even go further and say that I think that the central social role of the physician can be captured in the idea of the physician as teacher trying to educate his or her patient about the options for living in a more healthy way. I've always thought it would be enormously valuable for physicians to spend a week each year as patients in the hospital, so that they could be reminded of a view different from the one at the foot of the bed.

*Do you feel that Harvard Medical School should have a specific role in patient education?*

Yes. I think that educating the public about health is a legitimate activity for our faculty. The Harvard Medical School Health Letter is an interesting start in that direction. One of the delights of this School is its size and pleomorphism. The system is large enough and energetic enough and has enough extraordinarily competent people so that it is hard to find any aspect of health and medicine in which there isn't something going on that is of interest and of high quality. That's why I always react in a dubious way when someone says, "Couldn't we cut it down a lot and do the essential job just as well?" It really depends on your conception of the essential job. I would say that you would have to work that out carefully if the Harvard Medical School is to remain recognizable as the great institution that we inherited. That is not to say that some pruning isn't necessary. But it is not enough for HMS to aim simply at producing the minimal activity that will get 165 medical students an M.D. degree.

We should not forget that a significant dimension of our higher learning has to do with the creation of new knowledge. In my opinion, the medical school that completely divorces itself from the effort to learn more about the fundamental origins and treatment of disease loses its right to legitimate membership in the university. Fortunately, recent years have seen a broadening of the research effort. Many kinds of research which were limited to basic science departments twenty years ago are now carried out in the clinical departments. In addition, valid interactions with social scientists and even historians and lawyers have developed. We need imaginative arrangements for the structuring of new and emerging disciplines not only in the natural sciences but also in the social sciences and humanities related to medicine. I think that perhaps there has been an overemphasis in the last thirty

years on the idea that research relevant to medicine is exclusively bench research in biology. I yield to no one in my enthusiasm for that kind of work, but I think that it is an overly constricted view of medicine to assume that it is the only root. I expect Harvard Medical School to undertake great tasks in a wide field, and I like to quote that distinguished, courageous medical scientist, P. B. Medawar, "We are just beginners, and for that reason may hope to improve. To deride the hope of progress is the ultimate fatuity, the last word in poverty of spirit and meanness of mind." The challenges of the future, in research, education and service, are greater, more difficult and complicated — but so is our capability, both in quality and quantity, to meet them. I believe, with Pierre Teilhard, that the day will come when everyone, in one way or another, will be involved in research.

*How do you ever begin to tackle an agenda as large as this?* The work of Harvard University is carried out by what you might call functional groups. These groups vary in size from two to twenty. If they grow larger, they tend to split to form more than one group. I take it to be the primary responsibility of the administration to help the individuals in those groups in their work. I also think it is our responsibility to lower the activation energy for interaction among groups. The capacity to influence such interactions depends far less on the organizational diagram than it does on what kind of relations between persons develop. I think that the strength of Harvard is that it takes advantage of the inherent human desire for as much autonomy as possible. I like that. The measure of the effectiveness of the administration in our situation is the extent to which it is able to be helpful.

*How did you hit upon the new administrative structure of the Deans and their various functions?*

As I implied before, one thing I learned from my work elsewhere was that effective organizations are not to be understood simply or primarily in terms of the written flow chart; rather they depend absolutely critically on the people involved. Nonetheless, there are five general categories in which our work can be conceived — academic programs, medical services, the learners (students and alumni/ae), finance and business, and the generation of resources needed for the School. I spent the first year and a half after I agreed to take this job thinking about who could take positions of leadership in these areas. I asked a large number of people for advice. I feel fortunate in having been able to gather the very able group that we now have. Each person in that group is prepared to assume major responsibilities in the administration of the School. I don't like to work in organiza-

tions where my immediate colleagues are not better than me. I think that is a kind of ground rule.

*I see that you're a clean desk man, unless you have some office in the back where everything is stacked up in piles. I think that the alumni/ae might be interested in how you organize your time and get through the week.*

I aspire to have a clean desk, certainly. I use that table over there on the side of the room for science and this one for my job. I believe in openness and I want to be as accessible as possible, but on the other hand I know that one of the hardest things to maintain is time when I can be by myself and work. I can easily wind up talking to people all day long. I get up at 6:00 and run four or five miles, or work out on an exercise bike if the weather is bad. I've been a compulsive exerciser ever since I stopped smoking about ten years ago.

*Did you get into that because of an interest in the physiology of exercise?*

No. I've always been involved in athletics. I played football in high school and continued it at Harvard, until I hurt my knee. I know that I feel better if I exercise every morning. I think that one of the main roles of exercise is as a way of dealing with aggressive feelings. In my position I must be constantly concerned with the needs of others, and this could become frustrating.

After exercising, I like to have breakfast with my wife and two youngest children (Ingrid, age 6, and Joshua, age 7) and take them to school. After that I get to work and start in about 8:30 A.M. I meet with the group of six deans once a week for a couple of hours and I meet with each one of them individually every week. I consider it to be my responsibility to meet with members of the faculty and talk to them personally as needed. I also meet with the key standing committees, such as the Faculty Council, the committee of department chairmen, and the subcommittee of professors. I have a monthly meeting for the students, that has been dubbed a "town meeting," which gives them an opportunity to ask me questions directly. One of my functions is to act as president of the Harvard Medical Center, an organization that brings together the chairmen of the boards, the hospital directors, and representatives from the medical staffs of several Harvard affiliated hospitals. I also like to meet with the hospital board chairmen individually at least once a year, usually for a luncheon meeting. In addition, I devote an increasing part of my time to resource development and to contacting people who might be able to help with our financial problems. I usually leave the office between 6:30 and 7:30 P.M. I work most

Saturdays, but try to reserve Sunday to be with my family.

*I know that in spite of a schedule that seems to leave little room for extracurriculars, you are engaged in some exciting research. I certainly think that your observations about abnormal lithium and sodium transport in the erythrocytes of a manic patient and some members of his family should be brought to the attention of the alumni/ae. (Proc. Nat. Acad. Sci., USA 74:3607-3611, 1977).*

I probably don't spend more than five hours a week in actual contact with the people in the lab, but I do a fair amount at my desk here in terms of writing and planning and whatnot. There are two groups working in the lab, one on lipid bilayers and one on red cells. My wife, Magdalena, is a principal research associate in biophysics and a member of the bilayer group. We enjoy thinking about ions and membranes, as well as sharing our personal lives together.

*I think it's remarkable that you have been able to continue this research activity in the face of all your other responsibilities. One more thing — you told a wonderful story in your speech at the annual meeting of the Beth Israel Hospital in November 1977. Would you repeat it for the benefit of the Bulletin?*

Being at that meeting of distinguished scholars quite naturally put me in mind of a story of the six wisest men since the world began. The first of these wisest men was Moses. He said it's all up there (pointing to heaven). The second wisest man was Solomon. He said it's all here (pointing to his head). The third wise man was Jesus. He said it's all here (pointing to his heart). The fourth wise man was Karl Marx. He said it's all here (pointing to his stomach). The fifth wise man was Sigmund Freud. He said it's all here (pointing to the groin). The sixth wise man was Albert Einstein. He said that it's all relative!

# James S. Adelstein '53 Dean for Academic Programs



Jim Adelstein and I first met when he was chief resident in medicine at the Peter Bent Brigham in 1959 and I was in my surgical training there. Although we have both spent much of our working lives in the Shattuck Street area, until this meeting we had not talked in depth. Occasional greetings and a chance encounter in a Chinese restaurant (in Newton, not Peking), only reinforce the magnitude of HMS and the isolation of many of us within our own professional orbits.

Adelstein's office has an open friendliness about it, characteristic of the man himself. It is not furnished in the standard office manner, but presents itself as an inviting sitting room, where discourse is comfortably low key. On the walls are prints that reflect various aspects of his life. Overlooking the simply-designed oak table that serves as his desk is a watercolor of composite views of Martha's Vineyard — where the Adelsteins summer. Across the room hangs an Audubon print of a 13-lined ground squirrel, a reminder of the studies of that animal's biochemistry, which he carried out with Charles P. Lyman, associate professor of anatomy.

The job of Dean for Academic Programs is not well defined, according to its incumbent, though there are two major areas that are under his aegis. The first involves organization of the faculty. "This sounds like the faculty is unruly and needs to be organized," he says with a laugh, "but I do not look on it that way at all." Essentially, his responsibility extends to facilitating the work of the faculty as it proceeds with its academic business by overseeing committees that deal with the structure of the faculty, with promotions and appointments, and by providing staff support to "keep all that machinery going."

If anyone can unravel the mysteries of the CFTs (clinical full time), the AFTs (academic full time) and the PTs (part time), it is Adelstein, who lucidly expounds on the three "tracks" that exist within the Faculty of Medicine. For example, an *associate professor of pathology* is academic full time (and within the tenure track); an *associate professor of pathology at the Beth Israel* is the title of a clinical full-time person (the hospital name indicates the clinical status); a *clinical associate professor of pathology*, on the other hand, designates part-time faculty. Adelstein emphasized that there must be one level of excellence for all three tracks, so that none shelters a faculty member whose performance is questionable.

## Adelstein is using his office to promote a spirit of camaraderie among the faculty.

The other principal direction of his efforts is to maintain a close watch on the programs leading to degrees in both medicine and in medical science. This is carried out via the standing committee on the combined M.D.-Ph.D. degree and through his role as associate training director for the NIH Medical Scientists' Training Program. One cannot help but observe that Jim has the requisite long view on the subject of graduate education, having earned his Ph.D. in biophysics from MIT in 1957. Following his residency, he moved into the department of anatomy at HMS to set up a laboratory in radiation biology. He was, as he said, "an ordinary member of the faculty." Most germane to his task of unifying the experiences of those in the Division of Medical Sciences is his background as associate director of the combined M.D.-Ph.D. program. "In graduate education," he explained, "we should see that the wealth of our resources in biomedical sciences is made available for graduate students."

Excerpts from his appointment book demonstrate the activity and variety of his job. Monday mornings are occupied with the weekly meeting of the deans; Wednesday and Thursday mornings are regularly set aside for his laboratory work at the Shields Warren Building, where he is now studying the microscopic distribution of radiation dose from radionuclides. The remainder of his schedule, not unexpectedly, is crammed with meetings: a breakfast session with Deans Tosteson and Hiatt, an interview with a candidate for tenure, a meeting with members of his staff to discuss ways to increase representation of women and minorities on the faculty, a discussion with a department head about creating a tenured position, and numerous standing and special committee meetings of the faculty.

Committees themselves are often a primary means of change and Jim has focused upon how they work — layer by layer — so that their effectiveness can be improved. He has established a systemic rotation of major committee assignments, which will allow broader faculty participation, especially on the part of junior faculty. With Eleanor Shore's assistance a number of standing faculty committees, including those for senior fellowships and for prizes and awards, have been reactivated.

The slowness of the process can be exasperating, given the complexity of faculty members' schedules. Adelstein's office has proposed a solution which, for at least one rung of the faculty ladder, should expedite the modus operandi: the Committee of Professors, which is the body responsible for senior faculty appointments, will be divided into four teams of

approximately sixty-five members each and assigned one-half day per month exclusively for committee work. A similar technique will be set in place for hastening the activity of ad hoc committees and widening senior faculty involvement on them as well.

As a more tangible goal, plans are underway for a colloquium on educational innovation and a workshop that, it is hoped, will stimulate broader student and faculty dialogue about medical education. The curriculum committee, the board of advisors, the committee on educational evaluation, the student promotions board, and the alumni and student affairs offices will all be involved in what may well become an annual exercise.

The curriculum is intrinsic to the work of the Office for Academic Programs, and the pairing together of Adelstein, professor of radiology since 1972, and his current administrative position builds on some of his previous activities. From 1960-68 he was a member of the preclinical faculty in the department of anatomy. Since 1968 he has been head of the division of nuclear medicine at the Peter Bent Brigham. "It allowed a nice conjunction of my interests, including as it did, radiation research, radiation biophysics, and clinical applications." When the Peter Bent Brigham combined forces with the nuclear medicine services at Children's Hospital, Adelstein likewise expanded his purview. Ultimately, the Beth Israel and the Sidney Farber Cancer Institute joined as well, to form the Joint Program in Nuclear Medicine, of which he is still director.

Coincident with his academic interests, Jim has enjoyed being an advisor to HMS students for many years, serving for the last four as a member of the board of advisors. "I am on both the curriculum committee and the committee on educational evaluation and try to get to the meetings as much as possible," he says, well aware of the odds. A good deal of his work is as a liaison and, he hopes, as a catalyst for fine tuning the curriculum. He regularly meets with first year students, course heads who teach in the first year, and Mortimer Litt's Office for Teaching Resources. These gatherings may soon be extended beyond the first year cohort, as Adelstein has found that the interchanges provide a fairly reliable gauge of "feelings about the teaching and curriculum."

On the clinical side of things, he is concerned with the "complexity of hospitals and their lack of compassion"; at the same time he recognizes an unavoidable contradiction — namely that students fear graduating without adequate

technical expertise. He expresses the wish that "all students at HMS experience a joy in learning something new, while enhancing their analytical ability to care for the sick." The search for better techniques for evaluating teaching skills — not only as a means to judge promotions, but as a way to maximize the potential of both students and faculty — continues under his astute leadership. "It is easy to document scholarly activities, but much more difficult to find out about teaching responsibilities and other services to the School," commented Adelstein. "We hope to develop records for these more nebulous criteria, which then will be considered when someone is up for a promotion."

Adelstein is routinely involved in matters of recruitment. This could be anything, from "we would like to bring on a new assistant professor of X and these are the resources we need," to "we've identified so and so as a most promising physician or scientist and we'd like help in evaluating where this person could be most useful." Advising the Dean on the final composition of search committees and reviewing the working committees are also regular tasks. He would like all faculty members, including part-timers, to benefit from their Harvard connection.

In certain respects, he is an ombudsman for the faculty, trying to mitigate frictions associated with a teaching force as large and decentralized as Harvard's. Jim is presently working to create a grievance procedure so that when problems do emerge, there are clear-cut methods for resolving them. Although not overwhelming in number, some complaints such as "I've been on the faculty for twenty-five years and haven't been named an associate professor" do surface. Eleanor Shore works closely with him on these and related matters. In the hypothetical case of a disgruntled faculty member, Shore would "try to work through such a problem informally; if that didn't work, there would be a formal review."

Far from being merely a pacifier or mediator, Jim Adelstein is using his office to promote a spirit of camaraderie among the faculty. In fact, what he hopes will become a new tradition was started last fall. All recent arrivals to the Medical School and the teaching hospitals were invited to a faculty meeting and introduced. Little had been done in the past to welcome newcomers, and this was a remedy that produced results. "I told a little bit about where they each had gone to school, what their interests were, where they were working, and what they were doing there. People have come to me and said, 'I was glad to hear of so and so because I'm interested in that field and I'm going to get in touch with him or her.'" Making people feel at home in and around Shattuck Street will, no doubt, work toward Adelstein's goal of helping to foster an academic community that will perpetuate its tradition of scholarly standards and innovation, recognizing its commitment to both teaching and clinical care.

— ROBERT M. GOLDWYN

# Eleanor G. Shore '55 Associate Dean for Faculty Affairs

Only a matter of a few months, but countless committee meetings, stacks of memoranda and hours of pencil-pushing later, Eleanor Shore '55, Associate Dean for Faculty Affairs, finds her life "very busy and lively," crisply exclaiming, "and I just hope to keep up!"

Keep up as both a newly appointed administrator (since September) and as Assistant to President Bok (since 1972) she has more than done. But her pace does not stop there. A specialist in preventive medicine, Shore has been affiliated with the University Health Services at Holyoke Center since 1959 and continues to see patients there on a regular basis. Up until the past six years, she dispensed advice beforehand and oftentimes cared afterwards for the University's cohort of international travelers. "When my husband was in the Army, I worked at Fort Sam Houston in Texas as a civilian physician caring for Army wives, children and retired servicemen — one a veteran of the Spanish Civil War. Every time they crossed the border into Mexico, they'd develop gastroenteritis." As a result, her attention became focused on precautions necessary when the bacteria and parasites were not particularly friendly.

Curious about the epidemiological and microbiological aspects of infections and tropical diseases, she took a leave of absence from the University Health Service in 1969 to enroll in the master's in public health program at the School of Public Health. "It was an interesting time to be at the School, what with all the excitement over provision of health services, pollution, nutrition and population control, all of which proved a dividend to my work." A professional outgrowth of these auxiliary studies was her position as medical consultant to both Harvard's Peace Corps trainees and the Volunteer Teachers for Africa, a project of Phillips Brooks House. She instructed people who would be venturing into untamed terrain in self-diagnosis and treatment. "I came in contact with a fascinating cross-section of the University," she recalled. "Orangutan watchers, exotic orchid collectors, snake hunters."

Adventures of the more usual intellectual sort have also occupied her career, and her research interests have varied from secondary growth factors in *Syringa vulgaris* (as an undergraduate) to toxin-producing *E. Coli* to environmental factors affecting neonatal health. She authored a chapter titled, "Prenatal Influences on Child Health and Development," for the recently published *The Woman Patient*, edited by Drs. Malkah Notman and Carol Nadelson. She is also one-half of a physician marriage — to Miles Shore '54, Bullard Professor



of Psychiatry at the Massachusetts Mental Health Center — and parent to three “indomitable” teenagers: Paul, a junior at Harvard College, majoring in Asian languages; Becky, on her way to Radcliffe in the fall; and Suzy, who moves up to high school.

Dr. Shore was in the sixth class of Harvard Medical School to include women — one of ten. “We weren’t really a novelty by then,” she asserted. “We felt extraordinarily fortunate to be here. It was a rare and unexpected opportunity.” She and her female peers were treated gracefully by faculty and male students alike. The only experience in which her being a female physician produced an unusual reaction was at the walk-in clinic of the University Health Services in the early ’60s, when patients were randomly assigned to physicians’ offices. One day a young man walked into her room “without forewarning. He just kind of walked in and stopped. There was a long silence. He said nothing and I said nothing and then he said, ‘Well, if it’s good enough for President Kennedy, it’s good enough for me.’” She has never encountered any reluctance on the part of a male patient to be seen by her, but she has always offered men who came in with complaints that might be “somewhat sensitive” an opportunity to see a male physician instead. Her patients have never taken advantage of the option.

Now she divides her time between Cambridge and Shattuck Street. Her commitments at the Medical School call for her to represent the Office of Academic Programs on a spectrum of concerns. A typical example is the retirement committee, chaired by Dr. David Freiman, which was established to consider the implications of the new amendments to the Age Discrimination in Employment Act. She is a party to discussions that range from academic salaries to different kinds of joint appointments at HMS, to interpreting affirmative action policies, such as maternity benefits for faculty. In addition to these “routine” matters, she finds herself sought out as a role model — or, as she prefers, a dispenser of insight — especially by patients who are trying to implement an ideology that comprises both family and academic or professional career. She continues to represent the interests of President Bok on a variety of health related committees including the University committee on biological sciences, the administration committee of the HMS-MIT Division of Health Sciences and Technology, and the faculty advisory committee of the Health Careers Summer Program.

Following her family — her face lighting up and her pride showing through — is her main extracurricular activity.

“The children,” she continued warmly, “have always been quite a pleasure.” Assuming a mock bureaucratic tone she added briskly, “The benefits have far outweighed the costs!” The Shores both being physicians made no difference to the process of child-rearing. They were neither more self-conscious with respect to their roles as parents nor any more prepared for the eventualities of childhood growth and development. Shaking her head with a knowing grin, she acknowledged that “children never fit the rules. They’re a humbling sort of occupation if you think you’re in control. They have really strong personalities of their own.” The next generation has not shown any symptoms of pursuing medical careers, and their lack of interest is not at all disquieting to their parents. Medicine, she stated quite firmly, “is a fascinating field if you’re interested in it and torture if you’re not.” Almost everyone in both her and her husband’s families were involved in public school education. “There was almost no pressure put upon us when we took a different route and I think our kids deserve the same.”

In answer to the anxious sentiments of women who feel that they may have to choose not to have a family in order to maintain their professional standing, Shore espouses the view that the choices are not mutually exclusive and that women should not feel that they must forfeit their roles as mothers. Reflecting on the early years of both family and career, she credited medicine as “one of the few fields in which it’s possible to practice part time while children are small.” She herself did so while her family was young, returning to full-time professional activity once they were all in school. What came as a surprise, however, was that with adolescence their need for parental support and attention increased again, dramatically. In the teenage years “someone has to be there to hear about their triumphs and their failures. If you’re out one night they’re moderately good sports, but if you’re out two nights in a row, they complain. They feel as if they’re being neglected and I don’t blame them.” Aside from being a tremendously rich experience in and of itself, raising children, Shore observed, provides “a good experience for trying to administer anything that has to do with people. There’s all that pulling and tugging and fine dividing to come out with exactly equal portions of anything.”

Equanimity is a virtue when working with large groups; problems occur as much on an individual as on an aggregate level. Shore is nonplussed at the prodigious workload ahead. For someone who seems to make five minutes stretch into an hour, Dr. Shore has the necessary stamina for coping with the activities of some twenty committees. She

"Raising children is a good experience for trying to administer anything that has to do with people. There's all that pulling, tugging, and fine dividing."



points to an orderly, labelled shelf of files that allow her to "follow the excitement." To her fall many of the problems pertaining to the governance of the Faculty of Medicine. Her myriad responsibilities include helping a faculty committee set up Faculty Council dockets, and working with Dean Adelstein as the representative of the Office of Academic Programs on the two faculty standing committees on appointments.

She and Dr. Adelstein are concerned with methods for the determination of excellence — in research, teaching, clinical and administrative activities — at each step of the academic ladder. The evidence can be difficult to acquire but it is essential, Shore emphasizes, that the assessment of merit in every case be as objective and well substantiated as possible. The decisions are clearly of great import since it is the faculty — far reaching as they are in the hospitals and the Quadrangle — who set the tone of the institution as a whole. "One of the most important functions of the Medical School," she said, "is the selection of its faculty."

As would be expected, every effort is being made to uphold the spirit of affirmative action. This involves a two-fold responsibility: first, to guarantee that minorities and women are represented in the pool of candidates being considered for promotion at any given level of the academic ladder, and second, to help minorities and women to acquire the academic credentials necessary to compete for faculty appointments. She also takes seriously the job of trimming the

superfluities of paperwork that beset the faculty. Her ambition is "to make cumbersome forms more direct and helpful."

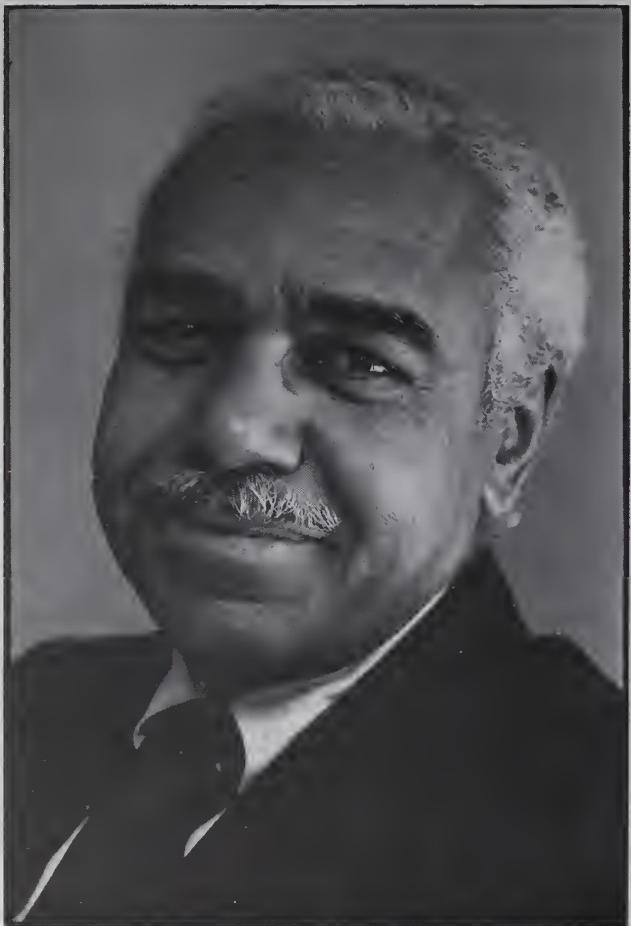
Another concern has been premedical education, in which four years spent as a premedical advisor at Radcliffe have given her some special insights. Last summer and fall she did the background research for a report submitted to President Bok on this subject, which, she says frankly, has many problems, some general, others highly specific. "In the rush to assimilate as much scientific information as possible in order to be competitive in the selection process, many applicants have accumulated high GPAs and stellar MCAT scores and have become wizards at telling you what's known. However, they lack sufficient experience in dealing with problems of the unknown." Unfortunately, this "herd-like rush to the finish line" may mean waste in the long run, for "much of science, involves dealing with problems of unknown solution and choosing among multiple poor choices, with inadequate evidence." Medicine is riddled with "all sorts of ill-defined fuzzy problems."

Undergraduate education, she maintains, should teach not only the scientific facts upon which medical care is predicated, but also a respect for the unknown and the nonquantifiable, and a willingness to grapple with new approaches to untangle problems. Students should have an understanding of quantitative problem solving techniques, which may be applicable to a host of hitherto uninvestigated problems. "It is the capability of assessing the validity of all kinds of things that would save us from adopting therapies and solutions that ten years later are obsolete."

It is to the Medical School's benefit that it has an associate dean whose energy level gets visibly recharged as each new project materializes. She talked about some of the knotty issues to be addressed over the coming weeks. Then suddenly, her animated features grew pensive and she let a long, slow sigh escape. "The trick is somehow to encompass the day to day problems fast enough or efficiently enough so that there is some time left over to worry about the major issues lying ahead." There was a note of idealism in her voice as though she could sight beyond the bureaucracy to the light at the end of the tunnel.

— STEVE HOFFMAN

# Mitchell W. Spellman, M.D. Dean for Medical Services



To those in the Harvard medical community who are not fully in touch with the intricacies of Building A, Dr. Mitchell W. Spellman is thought of as the cardiac surgeon from Watts who came to HMS. This is too simplistic, but as shorthand goes, it serves to outline in barest form the career of one of Harvard Medical School's new deans. Over the cup of coffee that replaces lunch during very tightly-packed days, Spellman furnished a job description of his position as Dean for Medical Services. In beautifully precise language he not only explained his mission but made it obvious why Dean Tosteson selected him.

At the core of his responsibilities is his role as executive vice president of the Harvard Medical Center, which he envisions as "a confederation of independent institutions." The center, an organizational mechanism linking HMS and a number of its teaching hospitals and related health care institutions, provides a context in which the School and its clinical affiliates meet collectively to communicate on matters of mutual interest. "The many issues facing us are both challenges and threats. We attempt to sort out what Harvard's multi-institution response will be, or whether, in fact, a response is appropriate from the Harvard group. Indeed, these issues may transcend Harvard altogether and be the domain of all hospitals and medical schools or universities throughout the US. In any event, it's an ongoing dialogue where we have taken what previously were separate institutional responsibilities and begun to lay them out and weigh them and define what's the common weal."

Dean Tosteson is president of the HMC, which was formed originally in 1956 as a nonprofit corporation by the trustees of several of the teaching hospitals and the administrative officers of both the University and the Medical School. It raised the capital funds necessary to construct the Francis A. Countway Library of Medicine and to endow several chairs for medical research. After being inactive from 1971 to 1974, the Harvard Medical Center was reactivated in 1974 to provide a forum for exchange of information, to address subjects of common concern and to advance teaching and research issues through the joint efforts of all but the government affiliated Harvard institutions.

Since Dr. Spellman's arrival last year, the HMC has implemented more of an organizational structure of systematic communication and collaboration among its member institutions. Various task forces have written position papers on pending federal legislation concerned with hospital cost containment and federal regulations that govern the reimburse-

## "Strengthening the relations between the Medical School and its affiliated hospitals" is a central concern of Dean Spellman.

ment of faculty physicians who provide care for patients in teaching hospitals. The nature and extent of the financial commitment of the Medical School and hospitals to the tenured faculty has also been examined.

An obvious offshoot of his pivotal role in the HMC is that of an intermediary between the Faculty of Medicine and the government, both federal and local. Here he sees himself involved in "developing processes to monitor government policies at different levels and creating channels to allow effective faculty comment on those policies." This includes scrutinizing federal and state legislation affecting both the hospitals and Medical School, and analyzing HEW draft regulations in relevant areas.

Spellman also concentrates on the administration of several significant HMS programs such as those in primary care (family medicine), continuing education, and international health activities, each of these areas the bailiwick of an associate dean. He is particularly pleased with progress made in two of these areas. Under the administration of Dr. Stephen Goldfinger, Associate Dean for Continuing Education, that department has been able to expand the scope of its offerings despite the lack of an appropriate facility in which to house them. "An immediate goal of the department," Spellman reveals, "is to attract more HMS alumni/ae by trying to offer more personalized learning experiences."

Harvard's efforts in primary care are also within Dean Spellman's purview. He mentions the Henry J. Kaiser Family Foundation grant awarded to Harvard's Division of Primary Care and Family Medicine. It will enable an interdisciplinary, multi-faculty group to design a program of research training for primary care internists who are preparing for careers in academic medicine. A goal of this division is to obtain funding for 1979-80 for Harvard fellowships in primary care, to extend the continuum of graduate medical education beyond the residency training programs in primary care/general internal medicine at six Harvard affiliated hospitals. Completing his professional life is his position as professor of surgery at the Beth Israel Hospital, which keeps him in touch with medical students and young surgeons in training and allows him to keep current his lifelong interest of direct involvement with medical education.

Asked to retrace the path that brought him here, he spoke warmly of the first step, his childhood in Alexandria, in central Louisiana, where his father was a general practitioner. He graduated from Dillard University (*magna cum laude*) and at-

tended medical school at Howard, followed by a Ph.D. in surgery at the University of Minnesota where he did physiologic research in cardiovascular problems. The next step, as a Markel Scholar from 1954-59, was again at Howard where he taught cardiac and general surgery, ultimately becoming a professor of surgery and chairman of the Howard department of surgery at District of Columbia General Hospital.

Then came the riots in Watts, and suddenly, dramatically, the nation sat up and wondered what had gone wrong. The senior Governor Brown in California appointed the McCone Commission to identify the causes of the tragedy and suggest remedies. Early on it became obvious that a major deficit existed in health services to the so-called "Curfew Area," fifty square miles with some 250,000 inhabitants in an economically depressed area who are largely black but include a sizable Hispanic minority. Local physicians demanded access to academic medical institutions and hoped that a new community hospital staffed by them would become the nidus for an eventual medical center. This did not happen, but instead the Charles R. Drew Medical School was created, based in the newly constructed Los Angeles County Martin Luther King, Jr. General Hospital.

Drew is a unique school whose purpose is to promote research in biomedical and health sciences that is relevant to the needs of urban minority communities. "Drew took a planning base of about one million people," explained Spellman, "and integrated epidemiology, biostatistics, basic science and biomedical science and trained practitioners in an urban setting so that they would have an understanding of community problems." Mitchell Spellman, whose reputation preceded him, became the founding dean of this complex and an assistant dean at the UCLA School of Medicine.

Initially, the plexus critical to the working of any medical center had to be developed at Drew, for no such institution survives without well-established connections to faculty, federal and state governments, other medical schools, and affiliated hospitals. While at Drew, from 1969-1978, Spellman worked to establish those crucial components. He assembled Drew's academic governance structure and recruited and organized a clinical faculty. Working with the Los Angeles County government, he helped articulate agreements in behalf of Drew for patient care, education and research services for full-time faculty based at the Martin Luther King General Hospital. He was also instrumental in drawing up affiliation agreements with the medical schools of USC and UCLA.



His career has been exciting, eventful and demanding. When talking about his personal life, Dr. Spellman speaks affectionately and admiringly of his wife Billie. A nurse when they met, she gave up her career to raise their eight children, now ages eighteen to twenty-six. She has channelled her medical interests toward a new direction as a volunteer in the Countway rare books department, where she helps bind and restore its historical treasures. The oldest Spellman son is beginning a career in ophthalmology; another has worked in health services with the Kaiser Foundation; a younger daughter has leanings toward nursing; the others are pursuing nonmedical tracks, for the duration.

A glance through many pages of "memberships" and "publications" confirms Spellman's involvement in a broad range of pursuits. At one time he was chairman of the Medical Devices Application Branch, National Heart and Lung Institute, but to his regret this and other activities concerned with bioengineering have not survived the demands of his other responsibilities. He has been able to preserve his interest in various modes of health care delivery as a director of both the Kaiser Foundation Hospitals and Health Plan and the Harvard Community Health Plan.

As the Harvard Medical Center began a regenesis several years ago, it faced many rough edges that had to be smoothed out. Approached by Dean Tosteson, Mitchell Spellman accepted his current position, attracted by "this great center of learning and the importance of an office re-

sponsible for strengthening the relationships between the Medical School and its affiliated hospitals."

Dean Spellman speaks with enthusiasm of his new job and appreciates particularly the encouragement to continue with professional concerns, a policy that enables each dean "to define some area of creative energy." In his case this is primary care and the relations of the medical establishment to the community. He also hopes to work on attracting new resources and foundation support for faculty development and research training of promising minority physicians.

For someone who has traveled the greatest geographic distance to join the new administration, Dr. Spellman can offer a more objective view of the aura of Harvard. "From the outside, the perception is one of mutual esteem and interdependence that works to the advantage of both the School and its hospitals. This in ninety per cent accurate, and having been here now for little over a year, I can vouch that the remaining ten per cent is just as true."

— GUILLERMO C. SANCHEZ

# Richard M. Ryan, Jr. Associate Dean for Medical Services

**W**hat do a Navy sailor, a tuberculosis patient, a Catholic seminarian, a social worker, a hospital administrator, and a Harvard dean have in common? An HMAB researcher interviews Associate Dean Richard Ryan to find out.

*As Associate Dean for Medical Services, reporting to Dean Mitchell Spellman, as I understand it, what is your jurisdiction?*

We're working with legislation and regulations that are beginning to have an impact on hospitals and medical schools. For example, a new regulation proposed by the EPA and unknown to us, has to do with pathological waste — and actually defines it in a new way so as to include all waste products from obstetric and pediatric services. The potential operating costs for incinerating all that waste — which is required by the regulation — would be an estimated fifteen million dollars annually for Children's Hospital alone. Obviously that kind of regulation adds significantly to the cost of medical care.

We've had experience here with how the community at large feels about effluents and air pollution and the like. One has to keep on top of these regulations and also begin to react in a way that enables us to inform legislators and bureaucrats of the consequences of their intended actions.

*What are some of the hottest current headings? Capitation, for example?*

A bread and butter question for sure. If there is a cut it will increase tuition for many medical schools in a major way. HMS has a plan to increase tuition whether or not capitation is lost. Yet many schools are talking about five-digit tuition, and HMS is not. What helps us is that we have better endowment sources than many other schools, but we're not that fat either. And of course the endowment base is decreased by inflation.

*Other hot potatoes that you're juggling?*

We cannot focus just on federal sources. We have to look at what's going on at the state level in terms of the impact of regulations on hospitals, and how teaching and the role of medical schools would be affected. If you constrain opportunities for research and teaching at local institutions, you're eliminating many options. As we look at the five year plans hospitals are developing under the Comprehensive Health Planning Act, we're beginning to observe the focus of these regulations on education costs. Many legislators would like to separate out those costs and say we're not going to reimburse for them. But the way academic clinicians split their time is not always that divisible. New regulations may pre-



clude physicians from involving their patients in teaching or require that they separate teaching from care. The way in which such issues are resolved will help determine how we teach and practice in the future.

*It's certainly a long-term problem to be concerned about. Are there short-term issues with topicality that you're working on?*

One of the major issues confronting hospitals affiliated with Harvard is the question of the mixture of services we're going to have. New initiatives at the federal level in stimulating primary care, for example, will have understandable impact on

the Medical School. We've run tertiary teaching facilities for all these years, with a mix of primary and secondary level care in each. There are people who, as they begin to regulate the teaching hospitals, are not cognizant of what that balance means. If there are efforts to constrain services to certain kinds of patients in teaching hospitals, we're going to have some difficulty in ensuring that residents get the kind of rotations they want. Some regulations may contribute to creating more specialized tertiary hospitals. I'm not sure we would all really want that, as that could lead to a fragmentation of patient care as well as teaching programs. In the future people might end up going to suburban and rural hospitals for their training experience. The degree to which you can ensure quality in these settings is something we couldn't be sure of right now. I don't have fantasies, as do some people, that through some formula of regulation or reimbursement you will necessarily see an equitable distribution of health manpower.

One of the roles I've played in the past and will continue to play relates to federal health medicine. As hospital director of the West Roxbury VA, I was interested in the role of the VA under new initiatives for national health insurance. We have this fantastically large system with an excess of five billion dollars a year in recurring monies. Are we using it effectively? What should be the role — if any — of a direct federal health care provider system? These are basic questions. Even people who know the VA are unsure of answers at this point.

*With the current climate, how do you cope with the publicly-felt need to dismantle large organizations and reduce costs and provide people with a full range of services and every wish, whim and desire that they never had gratified in the past? How do you help steer the bus a little bit so it doesn't go over the edge of the cliff?*

The question is how do you balance what is going on in the HMOs with what is going on in the teaching hospitals. And to what end can we assist the process, work with it and capitalize upon it for teaching purposes and for research purposes in terms of health care delivery. That's the real challenge for us — to put our money where our mouth is as far as controlling costs, providing a mix of care for large populations, and fulfilling our tertiary care responsibilities.

*There's been some commotion recently about adjusting the mix of the kinds of research available in hospitals and the kinds of things medical graduates should do. I understand there is some input from the federal government about having a certain proportion of one's medical school graduates and one's residency offerings be in primary care per se —*

*internal medicine and pediatrics — at the expense of the more rarified specialties. But it seems that there is a problem about bookkeeping. Say if a medical resident at the Beth Israel goes to the Mt. Auburn for two months, whose checking account does that come out of? Is that Beth Israel's or Mt. Auburn's credit? Who is paying the salary and how is the book balanced?*

I have had something to do with that as a hospital director. I came to understand such issues and had to deal with them on a daily basis. You do have shared rotations among hospitals, which does require some vigorous bookkeeping. One has to have a system where both staffs are informed whose payroll the individual is on and so forth. It requires a great deal of coordination and communication. For the past several years, the Medical School has begun to develop a profile of all the residency positions in the teaching hospitals, so that they can begin to look at the mix and exactly how many residents are where. Residents, after all, have been the appropriate responsibility of the teaching institutions. The Medical School is just now beginning to be asked by the federal government to respond to residency activities. For some medical schools that's no problem. They control their hospitals. However, we have affiliations where we don't own or control any hospitals. As we put this survey together we're providing hospitals themselves with precise details and characteristics of residencies, which they have not had in the past. This is especially important as the nation starts to look at national health and manpower legislation. One of the many related questions that arises is what should the mix be of physician assistants, nurse practitioners, specialists, subspecialists, and primary care practitioners.

*First someone will have to collect the data.*

To answer the question of the appropriate mix, one ought to have some production standards and look at what is effective. The Medical School, for instance, would have to make use of the resources of the School of Public Health and the Kennedy School of Government. There's a new mix of concerns that suggests a new University confederation to focus on national health policy issues, the reimbursement issues, the microeconomic issues.

*I'm still trying to figure out what hat you wear, on the basis of what you've told me about what you do.*

*I wear many hats. I'm a mad hatter.*

*I'm trying to figure out if you're a fireman on some issues, or if you're a think-tank type person.*

*I wouldn't describe myself as a think-tank type person. One of*

## Some good missionary work, a careful attention to staff detail, a philosophical flavor, and also knowing where the fire extinguishers are.

the things I've grown to recognize is the necessity for good staff people who get in there and dig out the facts and provide them to a number of people who are trying to make hard decisions. That's what it takes to make the operation work.

*To take a Navy analogy, are you more like the Admiral's staff man or the Damage Control Assistant?*

Exactly. You've got a hole in the side of the ship. You're going to need somebody down there working on it. There may be some people on the bridge who don't know the hole's there, and want to steam full speed ahead. And you're going to have to get a report up to them that you're going to go under if you keep steaming full speed ahead. I think that the analogy is good. There is a need for that kind of a role. The people who are talking to the consumers, to the legislators, and to the regulators begin to put up some of the flags and indicate that there's a storm out there. That's a staff function; you can get into some pretty serious trouble if you don't have that kind of feedback.

*What did you actually do in the Navy?*  
I was an interior communication electrician.

*And you're still doing interior communication.*  
Absolutely. Yes.

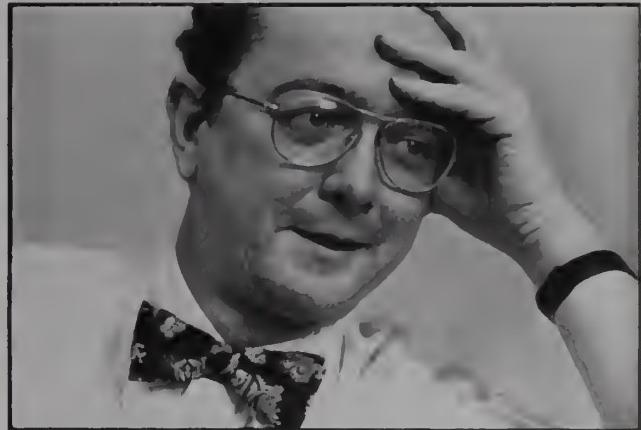
*How did you make the transition from being a ...*  
Tanker sailor . . .

*To the seminary? How did that transpire?*

I spent four years in Southeast Asia. I was in Haiphong at the time of the civilian and French evacuation, just after Dien-benphu. A number of my shipmates and I contracted TB. I was later discharged and ended up in a hospital for a year and a half — a VA hospital, not knowing I was later to be director of one. I had plenty of time while hospitalized to think about what I was doing. I decided I wanted to go back into the missions and work in that part of the world. I had met Tom Dooley when I was in Vietnam and was impressed with what MEDICO was doing. I still have that kind of attraction. I spent four years in a foreign mission seminary, and found myself being prepared for administrative work in the clergy, and decided, hell, if I'm going to do that I might as well go out and do it as a layman.

*So then you went to BU and did sociology.*

Well I went to BU, that was to complete my baccalaureate degree. Then I worked with foreign students at Boston University and decided I needed some professional training to



work with people. I got my master's in social work, and majored both in community organizations and casework. Then worked with autistic children at Bradley Hospital in Rhode Island. Again, back into the community. I really enjoyed the challenge of working with them and their families. But I became frustrated that we could treat only the tip of the iceberg. There were so many problems that I felt we had to get at viable solutions differently.

*So you got interested in primary prevention and enrolled in the School of Public Health.*

I felt that the way to really start getting at these issues was to begin to affect policy, and to move directly into administration. And that's how I came back here. It's a peculiar odyssey, but nonetheless, it has taken me in a single direction. I feel I've been doing very much the same thing, constantly. Communicating, expediting communications, focusing on issues, trying to develop methodologies for resolving problems.

*Somebody who can get a piece of health legislation through the state or federal government has a tremendous impact.*  
A lot of psychopathology you see in kids, for instance, could be remedied substantially if we had parenting programs where we really help people to sort out what the parenting role is all about or if we did something about the social conditions that contribute to pathology. The role of the social psychologist, the physician and of others in identifying what some of the needs of society are and what people can do is terribly important in all this. You really need diagnosticians

*A few physicians have tried to intervene in that way — a kind of Albert Schweitzer model. Benjamin Spock has had a wide influence in a couple of different ways. But it must be an adjustment for you to work in an environment that prides itself on accomplishments primarily in the scientific realm. It must seem almost like another culture to you.*

*It's a question of scope, a question of scale. I think the limits of technology are something that all of us see and have to come to grips with.*

*Also the limits of money.*

Well both. Exactly. Maybe, and more important, the technology applied to the use of money.

*Cost saving technologies instead of cost advancing technologies.*

But also their impact on health care delivery.

*The battle of the body scanner.*

If you will. One of the things you really have to look at here is, do we reach a point where the cost of technology is going to preclude us from doing some of the things that we feel are terribly important, such as the humanizing of health care. I think we're coming to a point where we could miss the opportunity to have the kind of research and educational support base that we need because we do not do our job well in controlling cost. I feel there are tradeoffs in the minds of the regulators. You can't have them both. And therefore the whole question of attempting to bring runaway costs, both direct and indirect, under control is basic to everything we do.

As you can see, Mike Spellman and I find a garden variety of issues coming through our office. Everything — from the dumping of garbage and pollutants, to technology impact, cost containment, manpower, and so forth. This constantly makes us search for expert people within and outside of the University who can help us to analyze what all this means. Those resources aren't found just here in the Medical School, and some may not exist at all.

If you're not interested in learning, and you don't recognize that you don't have all of the answers, you're in a hell of a pickle. None of us has the answers to the kinds of questions that are confronting us. It's constant problem solving. Is it putting out fires? Yes, it is putting out fires. You do wear a fireman's hat. Then you have to do some arson investigation and find out what caused that fire, and see whether you can avoid it the next time. It's tough.

*And you also have to do some navigating, and thinking about the stars.*

(Laughs). It helps having been a hospital director, but that's no guarantee that the solutions are going to come any easier.

*How do you think your experience in ecclesiastical matters has helped you? You trained to be a church administrator, and you ended up here.*

I'm not sure I haven't succeeded. Talking with hospital directors and others, I feel that there is still something to be said for the need to debunk and humanize health services. To remove that fantastic depersonalization that you have in a hospital, and in its bureaucracy as well. Technology isn't enough, and administrative technology can be incredibly de-personalizing.

*How do you do it?*

We're constantly looking for ways to expose hospital personnel and health care administrators in particular to some of the ethical and personal issues confronting people who are sick. Not only in their professional preparation, but also in a structured manner within the hospital. We focus a great deal on the clinical practitioner and the social and ethical considerations there, but not as much as we ought to. Perhaps the growing force of regulation is a comment on the way in which hospitals are administered. It may indicate that we should be doing more to sensitize people to the social and ethical considerations of hospital management. We see very little of that. I found that as a hospital director I could easily become isolated and absolutely insulated from the patients' condition and the condition of the staff unless I were out there on the wards — in the various units — constantly. You've got to be out there psychologically. If you're not, it will affect the way you make your decisions.

*Here's the last curve ball. In the late 1960s, Clark Kerr, then president of Berkeley, remarked that the function of a university was to provide football for the alumni, parking for the faculty, and sex for the students. How do you think Harvard Medical School is doing now?*

(Long pause). Ah, that's a good curve. I think we're working hard to listen carefully to some of the voices in this community who are also saying, "Maybe you haven't been doing it all right. Maybe there are other ways, and we'd like to have a voice in determining what those ways are." I think we're beginning to open up the discussion and to weigh what those voices really mean.

— JOHN LEVINE

*Changes, bold and subtle, have altered Boston and the medical area in recent years. Returning alumniæ will find the city a mix, more than ever, of the old, the new and — increasingly — the restored. With an eye to presenting the culinary and cultural attractions of Boston and environs, we have contacted theatres and museums, and solicited restaurants for the following incipient guide selections which, we hope, will be expanded into an annual feature. Detach and bring it along when you come back to HMS for Alumni Day and reunion festivities. With the caveat that these pages contain only a fraction of places to go the HMAB presents . . .*

# Boston & Beyond

## MUSEUMS

**The Busch-Reisinger Museum.**  
Corner of Kirkland Street and Divinity Avenue, Cambridge.

As Harvard's museum of Central and Northern European art, the Busch-Reisinger houses a comprehensive collection of German art with complementary Netherlandish, Austrian, Swiss and Scandinavian collections. It is particularly strong in twentieth-century prints and German Expressionist paintings, and contains archives from the Bauhaus. Through May 12 is an exhibit of etchings by Anders Zorn, a Swedish painter of social portraits, as well as a showing of Techstein prints. Concerts are given every Thursday at 12:15 through May 24. (They start again after Labor Day.) *Admission to the museum is free; suggested donation to the concerts is \$2.25. Hours: 9 A.M.-4:45 P.M. Monday-Saturday; closed holidays and Saturday, July 1 through Labor Day. Call 495-2338 for recorded information.*

**Decordova Museum.** Sandy Pond Road, Lincoln.

During late May, lectures at the museum will focus on Chinese brush

painting, Ikebana and Chinese music. From June 23-24 there will be a two day outdoor Chinese Festival celebrating the culture and people. Included will be children's activities, musicians, dancers, crafts, authentic Chinese food. *Admission to the museum: adults, \$1.50; under 21, \$.50; free Wednesday evenings from 5 P.M.-9:30 P.M.; free at all times to museum members. Admission to lectures and special events varies; call for details. Hours: Tuesday-Friday 10 A.M.-5 P.M.; Wednesday 10 A.M.-9:30 P.M.; Saturday noon-5 P.M., Sunday 1:30 P.M.-5 P.M.; closed Monday. Phone 259-8355.*

**The Fogg Museum.** 32 Quincy Street, Cambridge.

On permanent display are the Oriental and Classical galleries, the Hutchinson collection of English silver, late medieval Italian painting and French Romanesque sculpture, and French Impressionist and Post-Impressionist drawings, paintings, and sculpture. An extensive collection of drawings, prints and photographs not permanently hung are available for study weekday afternoons and by appointment. Exhibitions this summer include "Philip Hofer: Selections from the Frances L. Hofer Bequest," which will run from April 26-June 10; and "Collections of a Connoisseur: The Charles

Loeser Bequest," from June 2-July 13. *Admission is free. Hours: Monday-Friday, 9 A.M.-5 P.M.; Saturday from 10 A.M.-5 P.M.; and Sunday from 1 P.M.-4 P.M. After April 15 the Sunday hours will be from 2 P.M.-5 P.M. Closed Saturday and Sunday from July 1 through Labor Day. Phone 495-2387.*

**The Harvard University Museum.** 24 Oxford Street, Cambridge.

Glass flowers, pre-Columbian art, fossils, gems and meteorites are only some of the exhibits in the four museums sharing one complex: The Peabody Museum of Archeology and Ethnology, The Museum of Comparative Zoology, the Botanical Museum, and the Mineralogical and Geological Museum. On June 2 from 10 A.M.-3 P.M. the Peabody Museum will sponsor "An Ethnic Celebration" — dancing, music, and displays from a variety of nations. (Admission to this special event only is \$2.50 for adults, \$1.00 for students.) The Museum of Comparative Zoology's special exhibit "An Eye on Insects" will run from April 4-June 15. *Admission, covering all four museums, is \$1.00 for adults and \$.50 for children under 16, except on Friday when it is free. Hours: all museums are open from 9 A.M.-4:30 P.M. Monday-Saturday and from 1 P.M.-4:30 P.M. on Sunday, except*

for the Peabody Museum which closes at 4:15 P.M. every day. Call 495-1910 for recorded information.

**Institute of Contemporary Art.** 955 Boylston Street, Boston.

"Christo: Urban Projects" and "Joseph Cornell: Collages" will extend from May 9-July 1. During this time there will be lectures and film presentations of aspects of the work of both artists. On May 12, 19, and June 2 the museum will sponsor, in collaboration with Newbury Street art galleries, sessions combining workshops for children and lectures/tours for adults. From April 5-June 22 on Thursdays and Fridays, a Jean Renoir film festival will show works by the man called "the great humanist of the cinema." *Admission: members free; non-members, \$1.00; students and senior citizens and children \$.50; free Wednesday from 2 P.M.-9 P.M. Gallery hours: Tuesday-Saturday 10 A.M.-5 P.M.; Sunday, noon-5 P.M., and Wednesday 10 A.M.-9 P.M. Closed Monday. Call 266-5151 for information about current programs.*

**Isabella Stewart Gardner Museum.** 280 The Fenway, Boston.

Within this building, in the style of a fifteenth century Venetian palace, are collections of paintings, sculpture, tapestries, furniture and other objects of art. It is the achievement of Isabella Stewart Gardner, whose aim was to create an atmosphere for the enjoyment of flowers, music and art. There are free concerts Tuesday at 8 P.M. and Thursday and Sunday at 4 P.M., except during July and August when none are given. *Admission: \$1.00 is suggested but lesser amounts are acceptable. Hours: September-June: Tuesday 1 P.M.-9:30 P.M., Wednesday-Sunday, 1 P.M.-5:30 P.M.; July and August: Tuesday-Sunday, 1 P.M.-5:30 P.M. Phone 734-1359.*

**Museum of Fine Arts.** 465 Huntington Avenue, Boston.

Among the peacock fashions worn by eighteenth century gentlemen were tricorn hats, embroidered stockings and gloves, and large muffs. These and a selection of prints from the period can be seen from April 4-September 2 in "The Well-Dressed 18th Century Man." From April 28-

## THEATRES/THEATRES/THEATRES/THEATRES/THEATRES

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Performance schedules for late May and early June were tentative as we went to press. Please call the box offices for current listings and ticket information.

**Boston Repertory Theater.** 1 Boylston Place, 423-6580. *The All Night Strut!* A musical review of the 30s and 40s, which features the compositions of Irving Berlin, Fats Waller, and Hoagey Carmichael, will run at least through May 27.

**Charles Playhouse.** 76 Warrenton Street, 426-6912. *The Shadow Box.* The Pulitzer Prize-winning drama by Mark Cristofer began an indefinite run on March 7. "A beautiful, occasionally grim, play about how we face the threat of death, wonderfully directed by Richard Chamberlin . . . and performed by an expert cast headed by Frank Converse and Betsy Palmer." (*The Boston Globe*)

**Colonial Theater.** 106 Boylston Street, 426-9366. *Dracula.* The Transylvanian nobleman has returned to Boston, with Jean LeClerc doing the honors, until May 13; an extension is possible.

**Lyric Stage.** 54 Charles Street, 742-8703. *Relatively Speaking.* A modern British comedy about a case of mistaken identity between a man, his wife, his mistress, and her lover will play from May 9 through June 16.

**Next Move Theater.** 995 Boylston Street, 536-0600. *This End Up.* An original comedy review with music, written and performed by the company, will run through June.

**Shubert Theater.** 265 Tremont Street, 426-4520. *A Chorus Line.* The tragi-comic musical about theater life will play through May 13; an extension is possible.

**Wilbur Theatre.** 252 Tremont Street, 426-4008. *Murder at the Howard Johnson.* This comedy-mystery written by Ron Clark and starring Anthony Roberts runs at least through May 12.

July 1, the works of Benjamin West, John Singleton Copley, Thomas Eakins, Winslow Homer and Andrew Wyeth are included in "American Drawings and Watercolors from West to Wyeth," an exhibit which spans the eighteenth to twentieth centuries.

*Admission: adults \$1.75; members and children under 16 free; Tuesday evenings from 5 P.M.-9 P.M., free, and \$1.25 all day Sunday; the elderly are admitted free on Friday. Hours: Tuesday 10 A.M.-9 P.M.; Wednesday-Sunday, 10 A.M.-5 P.M. Closed Monday. Call 267-9377.*

**Museum of Science.** Science Park, Boston.

"Energy: Crisis and Challenge," "Visible Music II," and "Inter-Galactic Rovers: Clay Sculptures by Nina Holton" are among the exhibits in the main museum this summer. There is also a continuing series of Friday night films as well as special programs and exhibits for children. The "Stars Tonight," and the "Stars of Summer" will be shown regularly at the Charles Hayden Planetarium this summer.

*Admission: \$3.50 adults; \$2.25 ages 5-16 and over 65, students, and active duty military with ID. Members and children under 5 free at all times. Friday night 5 P.M.-10 P.M., \$1.00 admission for everyone five and over. Planetarium showings are \$.50 extra. Hours: Monday-Thursday 9 A.M.-4 P.M., except during July and August when the hours are 9 A.M.-5 P.M.; Friday 9 A.M.-10 P.M.; Saturday 9 A.M.-5 P.M.; and Sunday 10 A.M.-5 P.M. Phone 723-2500.*

**Museum of Transportation.** Larz Anderson Park, 15 Newton Street, Brookline.

The museum's exhibitions take the visitor from the horse and buggy to the Hovercraft and include a pre-1930s Boston El car with controls; a replica of the Wright Brother's Bicycle Shop; and a 1920s gas station replete with crawl-under Model-T Ford and hand-operated gas pumps. *Admission: adults, \$2.25; children 3-15, \$1.50; senior citizens, \$1.00. Hours: Tuesday-Saturday 10 A.M.-5 P.M. The museum will close June 15 to move to a new location and will*

reopen July 1 at Museum Wharf in downtown Boston. Phone 522-1200.

#### New England Aquarium. Central Wharf, Boston.

The focal point of the Aquarium is the 200,000 gallon glass-enclosed salt water tank — the largest of its kind in the world — which holds 2,000 fish. The ship "Discovery" is berthed adjacent to the Aquarium and houses the bottlenosed dolphins and sea lions. From May 19-June 3 the Aquarium sponsors whale watching trips on Saturdays and Sundays. The excursions leave at 8:30 A.M., return at approximately 4 P.M., and cost \$20.00 per person. They are not recommended for children under 12. June is anniversary month at the Aquarium and it will be celebrated by an exhibit, "Ten Years on Central Wharf." Admission: adults, \$4.00; children from 5-15, \$2.25; free for children under 5; senior citizens and students with IDs, \$3.00. From 4:30 P.M.-9 P.M. admission for adults is \$2.50. Hours: Monday-Thursday, 9 A.M.-5 P.M.; Friday, 9 A.M.-9 P.M.; weekends and holidays 9 A.M.-6 P.M.

### RESTAURANTS

#### Andover Inn Chapel Avenue Andover (475-5903)

The dining room features a continental menu. On Sunday, an Indonesian Rijsttafel is served. Reservations are recommended at all times. Guest rooms were recently refurbished and have all modern amenities, including air conditioning, color tv, radio and automatic elevator.  
(MC, V, AE, DC)

#### Bette's Rolls Royce 1 Union Street, next to Quincy Market Boston (227-0675)

Entertaining lady with the yellow Rolls Royce and all the parking tickets. Dixieland music weekends; weeknights great piano and vocals of the '30s and '40s plus sing-alongs. All this and the best fun-best food-best booze in town makes Bette's Rolls Royce a must for every tourist.  
Open 7 days, 11:30 A.M.-2 A.M. Full menu served til closing; major credit cards.

#### Cafe Cybèle Faneuil Hall Marketplace Boston (367-1324)

Cafe Cybèle is located in the South Market Building of the historic Faneuil Hall Marketplace. You will enjoy a high quality gourmet dining experience whether you sit in our European style cafe or choose to have an intimate meal in the small and

tastefully decorated dining room.  
(MC, V, AE)

#### Cafe Marliave 11 Bosworth Street Boston (423-6340)

Marliave's has been a fixture on the local dining scene for over 100 years. Located over Ye Old Province Steps, we specialize in Italian-American foods. Our entrees are priced from \$4.50-\$9.50 and house specialties include homemade manicotti, lasagne, cannelloni, varieties of veal and pasta dishes.

Open Mon.-Sat., lunch, 11 A.M.-4 P.M.; dinner, 4 P.M.-10 P.M. (AE, MC, V)

#### C'Est Si Bon 17 Arlington Street, at the Public Garden Boston (266-8421)

Restaurant, cafe and patisserie, all under one roof. Country European food served in a quiet, elegant atmosphere.  
Open Tues.-Sat. serving lunch from 11:30 A.M.; dinner from 5:30 P.M. Cafe and patisserie open 8:30 A.M.-11:30 P.M. Beer, champagne and wine available.

#### Coffee Connection 36 Boylston Street, in the Garage, Harvard Square Cambridge (492-4881)

While relaxing at the Coffee Connection, choose from the finest coffees, teas and pastries, or enjoy a light meal. Our shop offers the same fresh-roasted beans and teas, as well as a complete selection of quality brewing equipment. Treat yourself. Also located in the Quincy Market (retail and take-out service).

Open 8 A.M. daily; 9 A.M. Sat. & Sun. (V, MC)

#### Davio's Ristorante 269 Newbury Street Boston (262-4810)

Fine Italian cuisine served in a charming ambiance created by pleasant brick and brass surroundings, accentuated by fresh flowers and elegant service. Our menu offers a large variety of Italian specialties prepared to order. Our pasta is made on the premises; our veal, masterfully prepared, is of unequalled tenderness.

Open for dinner daily; lunch Tues.-Sat. Reservations suggested; major credit cards; free valet parking for dinner.

#### The Flower Garden Cafe 300 North Market Place Faneuil Hall Marketplace Boston (367-5924)

A colorful, European style indoor-outdoor cafe at the most lively Marketplace corner. In the Greenhouse or Garden, enjoy lunch, dinner, or late supper of soups, fondues, omelettes, sandwiches; or eat and drink informally at the bar. A wide selection of homemade pastries, desserts, and exotic coffees. Soft, sophisticated music nightly; major credit cards.

Gallagher  
55 Congress Street, one block from Quincy Market  
Boston (523-6080)

A unique downtown restaurant complex. The Dining Room: American and continental cuisine. Decor: soft blue, highlighted by antique silver. We've hosted many Harvard Medical affairs. Truffles, Boston's best combination of fun, food, and jazz in setting of marble and brass. Full menu till midnight.

#### Jennie's Restaurant 10 Bartlet Place Boston (723-7263)

There is a new look to Jennie's Restaurant, which is reopening in early June. The interior is remodeled, but the recipes are as good as they've always been — lasagne, veal cutlets, side dishes of spaghetti and salad, stuffed squid, eggplant parmesan. Jennie's has been satisfying the appetites of Boston medical people for many years.

#### Joyce Chen 390 Ringe Avenue Cambridge (492-7373)

In a relaxed atmosphere styled in a California manner with a spacious redwood interior, Joyce Chen serves Northern Chinese cuisine and regional specialties, which have been perfected over the past twenty years.

Open 7 days for lunch and dinner. (AE, MC, V)

# The Dining Room

Classically prepared  
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cuisine served in an  
atmosphere of quiet elegance.  
Fresh fish, prime veal and  
shrimp are among the  
specialties  
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(Two blocks from Faneuil  
Hall) Phone 523-6080

**Le Bocage**  
**72 Bigelow Avenue**  
**Watertown (923-1210)**

Twice named Boston's best French restaurant, Le Bocage offers an exciting dinner menu and professional service in an informal setting. Specialties from the menu, which changes daily, include lobster bisque, fresh soft-shelled crab, saddle of lamb with basil, and strawberries with crème anglaise. The wine list offers a wide selection of French wines.  
Open Mon.-Thurs., 6 P.M.-11 P.M.; Fri. & Sat., 5:30 P.M. to closing. No reservations. (MC, V, BA)

**Legal Sea Foods**  
**237 Hampshire St.**

**Inman Square**  
**Cambridge**  
**(547-1410)**  
Simplicity of surroundings and fine quality seafood attract diners throughout the area. Fresh seafood served includes lobster, trout, salmon, swordfish and tuna. Adjoining fresh fish markets pack lobsters for travel. Oyster bar lounge offers freshly-opened shellfish.

Open Mon.-Sat., 11 A.M.-9:30 P.M.; Sun., noon-9:30 P.M. in Chestnut Hill; 1 P.M.-9:30 P.M. in Cambridge. (AE)

**Locke-Ober**  
**3-4 Winter Place**  
**Boston (542-1340)**

Frank Curro, general manager of Locke-Ober, suggests that you step into the past and enjoy superb dining in one of the restaurant's dining rooms. Fine food and hospitality have been a tradition since 1875. Open Mon.-Sat.; major credit cards.

**Maison Robert**  
**45 School Street**  
**Boston (227-3370)**

Maison Robert is really two restaurants in Boston's historic Old City Hall. Upstairs is the formal, spacious *Bonhomme Richard* main dining room and a lounge bar. The dining areas and lounge downstairs, *Ben's Cafe*, have a warm, intimate character. In the spring there is dining al fresco. Fresh fish, white veal, rack and saddle of lamb are all favorites.

Open for lunch, Mon.-Fri., 11:30 A.M.-2:30 P.M. (downstairs); noon-2:30 (upstairs); dinner, Mon.-Sat., 5:30 P.M.- 10 P.M. (downstairs); 6 P.M.-10 P.M. (upstairs); Sun., 6 P.M.-10 P.M. (downstairs). (AE, V, MC)

**Maitre Jacques**  
**10 Emerson Place (in Charles River Park)**  
**Boston (742-5480; 742-5676)**

Continental cuisine overlooking the Charles River. Newly acquired by Nino Tedesco, formerly of the Ritz-Carlton. Expanded menu with specialties changing daily; emphasis on fresh ingredients and to-order preparation.

Open for luncheon weekdays, noon-2:30 P.M.; dinner 7 days, 6 P.M.-10 P.M.

**Nick's**  
**100 Warrenton Street**  
**Boston (482-0930)**

Mingle with the stars and celebrities at

Nick's famous restaurant. Sing along at our piano bar. In the heart of Boston's new theater district. Free validated parking at the Eliot St. Garage after 5:30 P.M.  
Open 11:30 A.M. Mon.-Sat. for lunch, dinner or a late supper in our *Cafe Midnight*. (AE, MC, V)

**The Parker House**  
**60 School Street**  
**Boston (227-8600)**

**The Last Hurrah!** Choice of American cuisine, including the original Boston schrod, steak, salad and seafood bar is offered nightly until 11 P.M. Dance each evening to tunes from the great Swing Era; major credit cards.

**Parker's.** An elegant dining experience, Parker's offers the flavor of continental cuisine: Steak Diane, Escalope of Veal Dijonnaise, as well as favorite New England specialties. Reservations are recommended and jackets are required.

Open for luncheon Mon.-Fri., 11:30 A.M.-2:30 P.M.; dinner from 5:30 P.M.; major credit cards.

**Restaurant Le Bellecour**  
**10 Muzzey Street**  
**Lexington (861-9400)**

Elegant French cuisine features wild boar steak, venison, Sole Picasso, Veal Toscano, rack of lamb, Boeuf Wellington. Outstanding homemade soups, sauces and pastries;

exceptional wine list and full bar; charming atmosphere. Reservations a must.

Open Mon.-Sat., dinner, 6 P.M.- 10 P.M.; lunch, Mon.-Fri., 11:30 A.M.-2:00 P.M.; Sun. brunch, 11 A.M.-2 P.M.

**St. Botolph Restaurant**  
**99 St. Botolph Street**  
**Boston (266-3030)**

Located across from the Prudential Center, behind the Colonnade Hotel, St. Botolph serves a delightful continental cuisine in contemporary informal elegance. A great variety of fresh seafood specials daily.

Open for lunch, Mon.-Fri., noon-2:30 P.M.; Sun. brunch, noon-4:00 P.M.; dinner, Sun.-Thurs., 6 P.M.-10:30 P.M.; Fri. & Sat., 6 P.M.-12 A.M. (MC, V, AE)

**Union Oyster House**  
**41 Union Street**  
**Boston (227-2750)**

Boston's oldest restaurant, since 1826. On the Freedom Trail. Quaint atmosphere, with the same stalls and oyster bar in their original positions. Complete seafood menu: oysters, clams, lobsters, scrod and more; charbroiled choice meats.

Open 7 days, 11 A.M.-9 P.M.; Fri., til 9:30 P.M.; Sat., til 10 P.M. Can accommodate groups from 15 to 75. (AE, BA, DC, MC)

**Veronique**  
**1329 Beacon Street at Coolidge Corner**  
**Brookline (731-4800)**

An intimate chef-owned restaurant. French and continental specialties, Beef Wellington, rack of lamb, flambe steaks and duck.

Open for lunch and dinner 7 days; major credit cards.

**Villa Francesca**  
**150 Richmond Street**  
**Boston (367-2948)**

Francesca's in the North End serves an extensive northern Italian cuisine. Specialties of the kitchen include Veal Ponti Vecchio, Veal Valdostana, Chicken Pescatore. Enjoy an intimate dining experience in the Old World atmosphere of the early 1900s.

Open for lunch, Fri. & Sat., noon-3 P.M.; Sun., 1 P.M.-10:30 P.M.; dinner, Tues.-Sat., 5 P.M.-10:30 P.M. (AE, DC)

**The Wursthaus**  
**4 Boylston Street**  
**Harvard Square**  
**Cambridge (491-7110)**

**Cape Cod Mall**  
**Hyannis (771-5000)**

Visit Cambridge's oldest restaurant, enjoy the world's largest selection of imported and domestic beers, liqueurs and wines, where the fine foods are served amidst a beautiful Bavarian atmosphere.

No credit cards in Cambridge; major credit cards in Hyannis.

# TRUFFLES

- The jazz piano artistry of Bob Winter
- The most unique menu featuring real meals, burgers, omeletes, crepes, Chicago-style pizza and Flying Frappes.

Food service until 10 Monday and Tuesday; until midnight Wednesday - Saturday.  
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# Daniel D. Federman '53 Dean for Students & Alumni

**I**magine if you will: It's a spring-like day in February and first year students are bustling about with scissors and paper and magic markers and paper clips and there is a low rumble of excitement. Enter Amphitheater E: "Where's your bow tie?" Soon there is a sea of bow ties in an unusual show of emulation. A hush and then a burst of spontaneous cheers and applause break out as Dr. Dan Federman appears and proceeds toward the front of the classroom. We are surprised; today he is wearing a long tie. He is embarrassed; perhaps it was because he was a few minutes late. We are disappointed; someone quickly hands him her facsimile bow tie and he tries to affix it to the knot of his straight tie.

It can be said honestly and not boastfully that Dan Federman, Dean for Students and Alumni/ae, has a good-sized student following — we appreciate his good-natured sense of humor. A keen awareness of student concerns and a genuine interest in the course of our lives as medical students have endeared him even more. When the administrative role is one of being the person to whom students can turn for an airing of their views, it alters the perception of what an administrator is. "The Dean engaged me basically to worry about everything that happens to students at HMS, except regarding the delivery of the curriculum. Although I'm interested in that side of things as well and I work closely with Jim Adelstein in trying to represent the students' concerns about their educational experience at the School."

His relationship to HMS has been "off and on" since 1945, when he entered Harvard College. The longest hiatus was the one that ended in June 1977 when Dean Tosteson beckoned him back from Stanford, where he had been situated since 1972 as chairman of the department of medicine. Indirectly, Federman affirms Stanford's moniker, "the Harvard of the West." The two schools are similar in diversity of backgrounds of their students and the intellectual excitement generated by their faculties. Stanford students are not much different from their Harvard counterparts and, in fact, the two are heavily cross-pollinated. "We have a fair number of Stanford graduates as house officers and undergraduates who matriculate here. Stanford always rates high on the ranking lists of fourth year HMS students too. There are a lot of ties between the two schools, and I feel privileged to have worked at both."

Federman is known around the student grapevine as an enthusiastic and challenging teacher; in the vernacular, he's a natural. He shows an unabashed love for the teaching role,



*Dean Federman is a mobile fancier; he cherishes the metal mobile that honors his term as chairman of the American Board of Internal Medicine. Among its personalized symbols: a miniature USA with arrows carved between San Francisco and Boston, a cap for his position as an HMS dean, the initials of the hormone he researched.*

*The paper bow tie is now another memento, which occasionally is called into service.*



which he has been honing ever since his student days. "We all had to give talks in the second year. I found it an exciting challenge to think through a topic and present it to people who knew nothing about it." His gaze is in the past. "I remember giving it in Amphitheater E and finding that that was a thrilling way to spend a half hour. Ever since, I realized how much I enjoy teaching."

The social side of HMS life has changed drastically since Federman (class of 1953) and nearly all of his contemporaries lived in Vanderbilt, the dormitory of unquestioned choice. "The common experience of medical students revolved around the dining hall and was enormously richer than that now. Almost everyone was signed up to eat there. With no shuttle bus to Cambridge hardly any of us had the joint experience of Harvard College and HMS. On the other hand," the long view behind him, "the individual lives of students now are much more varied. The difference is striking."

His zealous feeling towards the Harvard Medical School has not erased his sensitivity to the traumas that almost all medical students experience at some point during their four year course. Tension seems to culminate for the first year class a few weeks before the first set of finals. Students who are complacent with their medical school experience to date, all of a sudden became wound-up nervous wrecks. The phenomenon is more than familiar to Dean Dan (as he is affectionately called). Most of the angst is underground, Federman noted. "There is not much external evidence of erratic behavior among the students. But that time of year is an intense and difficult period in their adjustment. I had a couple of announcements I was going to make, but I realized as I was walking down the steps in the amphitheater that a word about

that season of anxiety might not be inappropriate." Again, drawing upon his reservoir of shared experiences, he told a story about how miserable he felt as his first exams neared — much as the students in front of him did — and his readiness to quit medicine. The story, of course, had a happy ending and Dan Federman lived through that first personal crisis. According to eye witnesses, the episode was uncannily well-timed and instantly effective in boosting the morale of many members of our class feeling similarly.

That he has such an attentive demeanor may hark back to a little known fact: originally he had made up his mind to be a psychoanalyst. "I was not interested in medicine at that time. But it was almost out of the question to be a lay analyst; one had to be an M.D. I went to medical school in order to become a psychoanalyst. The change came during the second half of the first year, during physiology. It was so exciting that I never returned to the idea of psychiatric training. I followed a path instead to internal medicine." Before he reached the field of endocrinology, where he is now, Federman was predominantly interested in pulmonary medicine. "At the NIH, the only position available was in an endocrine program. I found it exciting and stayed in it. But it was actually chance that got me where I am now." Another fortuitous chain of events surrounded his introduction to full-time academic medicine: "When I finished my training I started a part-time faculty position and by an accident of fate, the man in charge of the endocrine unit at the MGH went on sabbatical. I was asked to take his place for the year and that started my full-time interest."

As an endocrinologist, Federman is nationally renowned. He was in the main responsible for the two-volume text,

"Where's your bow tie?" Soon there is a sea of bow ties in an unusual show of emulation. A burst of spontaneous cheers and applause break out as Dr. Dan Federman appears.



*Scientific American Medicine*, which he edited along with Edward Rubenstein, associate dean for postgraduate medical education at Stanford. He even has an unofficial collaborator in his wife, Elizabeth, who is a research nurse at the Mass. General involved in studies of drug interactions and the treatment of obesity. She is also responsible for having created his wardrobe of bow ties, to the delight of the students.

Federman obviously derives pleasure from his associations with students. He usually sees fifteen to twenty per week in his office, and in one of several teaching settings — lecture, conference, bedside, and clinic — he deals with larger numbers of them. He enjoys the interactions in each of these areas, "Teaching takes on a different aspect depending on what setting you're in and whom you're working with. A lecture, for example, unfolds differently each time. Although the outline may not look terribly different, the parts you emphasize or the way the audience feels toward the speaker change and so does the lecture." In all probability, his attraction to teaching stems as well from his interest in words and language — his articulate delivery is a trademark — and "how meaning is communicated."

His schedule calls for him to rotate among the Beth Israel, the MGH, and the Peter Bent Brigham, and he is trying to foster closer collaborations in the teaching functions of Harvard's hospitals. In meeting with the coordinators of the clerkships, for instance, he has been able to make each hospital aware of what the other does in the same clinical area and in the approaches used to evaluate students. Each is able to read clerkship evaluations from the other hospitals and recognize what experiences the students have. He has met with the

chairmen of the departments of medicine and with the executive committee of the departments of surgery to be sure that the Dean's office is alert to the concerns of the clinical departments. "These are forums in which to exchange notes and learn what all of the hospitals are doing."

His role as a teacher enriches his administrative duties, and was a deliberate aspect of Dean Tosteson's strategy for managing the Medical School. Federman lauds this philosophy of having the various deans "personally participating in the life of the School. We hope it will bring a different dimension to the administration of what is essentially a very large institution." Upgrading the methodology of teaching is high on his list of priorities. Going directly to the source, Federman has approached several of the teachers who are "so enormously appreciated by the students" to have them try and define the elements of their teaching.

It is his commitment to the quest to improve the collective experience of HMS students that is unmistakable. If I had to summarize my hopes in one broad theme, it would be for us to help each person who comes here to reach his or her maximum potential. I think that becoming a physician in the sense of learning to take care of patients is safely navigated by just about everybody who comes here. But I don't think we yet provide the full growth possibilities of which each person is capable."

Bow tie or not, Dean Federman survived the first year class spoof and demonstrated his diagnostic prowess as well in successfully interpreting our first clinicopathological conference. We consider ourselves fortunate to have an association with him.

— VICKI HELLER

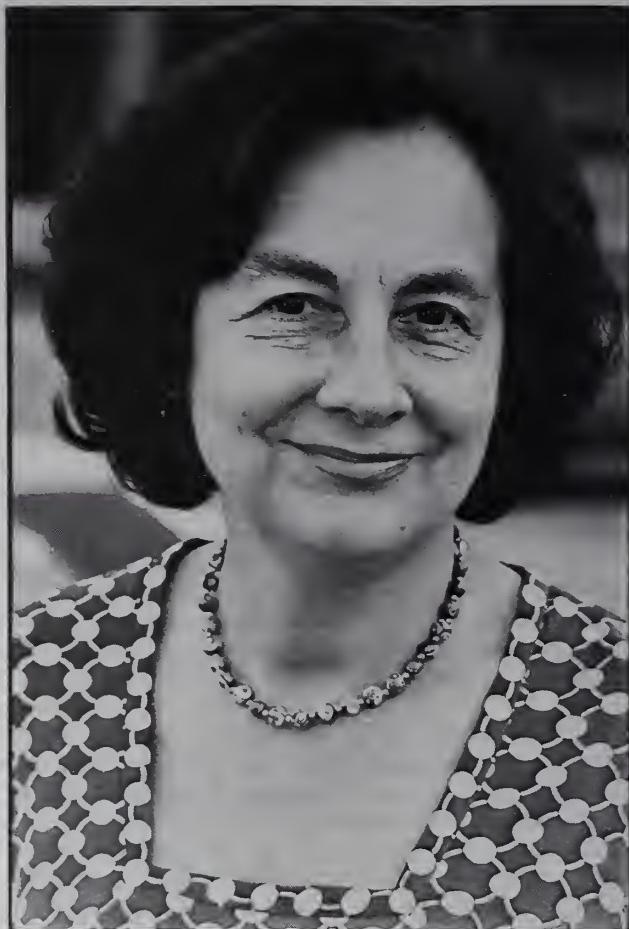
# Carola B. Eisenberg, M.D. Dean for Student Affairs

The Office of Student Affairs is tucked away to the left of the staircase between the first and second floors of Building A. At about 9:30 on any given morning, the place is overrun with young people, coffee cups in hand; the din is music to a nostalgic alumnus's ears. From a corner office steps a tall, stately woman who beamingly surveys the congested scene, calling out friendly greetings by name to those within close range. Having heard about the new Dean for Student Affairs, Carola B. Eisenberg, I am now seeing her in action at the high point of her day, mingling with some of her 600-odd charges.

Eisenberg herself is not the direct cause of this student crush; the "axis of the office" is the coffee pot (set in place at her suggestion), which has become a substitute for the Pierian Spring. She could have devised nothing better to establish herself as a Dean and to bring a steady flow of customers her way. Another small and meaningful gesture is the copy of the *New York Times* that she brings in with her each day. When there are no swells of students, the comfortable couches transform an open space into a reading room.

Dean Eisenberg (the formality of the title seems almost inappropriate, though there is no question that she is a right and proper Dean and knows what administration and equanimity are all about) readily admits to having a love affair with the students of Harvard Medical School. The openness with which she talks about and to them makes her office a natural gravitational field. The strains of being a medical student are immense and in Carola they have a responsive listener. She sees herself as their unequivocal advocate which is not, mind you, a matter of her always taking their side, but of believing that their opinions should be voiced to the decision-makers. "I represent their views when I agree and discuss the matter when I don't. It's hard for the administration to know what's going on and to get in touch with a large number of opinions. For policy decisions, at least they have a voice — mine — for student input." From talking with her, I found that she learns a lot through osmosis, whether in the confines of the student affairs office or lunching at Vanderbilt.

Eisenberg was literally the choice of the students. With over twenty applicants for the job, Dean for Students and Alumni Dan Federman elected three students to interview the top three candidates. Carola Eisenberg was the number one choice. In coming to HMS, she left behind a disappointed following at MIT, where she served as Dean for Student Affairs since 1972. But she felt that she had met her goals there. "The time for endings are at the peak: when affairs are going



well, when enthusiasm is still high and when memories are fond."

At Harvard she took over from Alvin F. Poussaint, Associate Dean for Student Affairs, who resigned to devote more time to research interests at the Judge Baker Guidance Center, but who still maintains a thirty percent activity level as an associate dean. Despite her primary obligations to MIT over the past six years, Carola has been on the faculty at HMS as a lecturer on psychiatry and on the staff of the Massachusetts General Hospital since 1968. Moreover, her family ties to

## The strains of being a medical student are immense and in Carola Eisenberg they have a responsive listener.

HMS are nearly unilateral. Not only is her husband Leon chairman of the psychiatry department, but two of her four children are HMS students, a third graduated from Case Western Reserve in 1978 and is interning at Rochester, and the fourth is enrolled at Penn. "I'm an unusual statistic," she says about the medical leanings of her progeny. "They're terrific human beings and real friends. There's a lot of cross over between our professional and personal lives. Both Leon and I have an intense interest in medicine and an intense satisfaction from it."

Besides wanting to reestablish her ties to medicine, Carola was attracted to HMS in part because of the more intimate associations possible with 650 instead of 8,000 names, faces, and sets of concerns. As she has found, the "effective" numbers of students at the Quadrangle are even smaller since the third and fourth year classes are in the hospitals almost all of the time. This year she has been "learning the systems. I knew lots about deaning but not much about HMS." She has an egalitarian relationship with Dan Federman and while the exact division of labor between them is still in an embryonic stage, they are comfortable with the resulting flexibility. "There is some overlapping, but the students have a choice, which is important for them. They can see Dan or me."

Apart from the amenities that Carola has introduced to the student affairs office, her mandate extends to supporting student endeavors both financially and emotionally. Seeing the hand-drawn announcements for this, that, and the other activity posted on assorted doors and walls, it would appear that the student body is impossibly divided. Yet the opposite is true, according to Eisenberg, who lauds the number of "affinity groups" that exist at HMS and the diversity of interests and backgrounds such an array represents. "The students divide themselves according to interests, problems and passions." There are religious groups such as the Maimonides Society; the born-again Aesculapiad; the women's organization — renamed the Hamilton-Hunt Association; the Friends of Psychiatry, which has set up a series of talks by faculty at Vanderbilt; the literary and art review, *Byways*; an Asian students group; the Black Health Organization; a photography club; the student newspaper, *The Present Illness*; and many more.

It often seems that as soon as a few students with similar ideas or tastes get together, they want to form a group, but all those that have a purpose beyond companionship need money, and that is where student affairs steps in. There is a

screening mechanism in the Student-Faculty Committee, to which each would-be group must submit a proposal for funding. "All decisions are ventilated, discussed and financed through the SFC," explains Eisenberg. "We provide them with an administrative structure and advice, but I do not play Solomonic games by deciding which proposal is the most deserving." This democratic process works, even if a particular group is turned down; the students "understand that a sense of fairness must prevail."

"All of these activities are lifesavers for the students," she earnestly remarked. "They allow them to get lost in something that's completely different from their school work. For one thing, they learn how to efficiently use leisure time, which is important for their future careers. I'm amazed at how much they find time for. There are students who enjoy singing madrigals together and there are about fifteen marathoners who train together — and that demands a large amount of time." Eisenberg's own background as a native Argentinian led to the formation of yet another affinity group. Her accent is still distinct and her native Spanish still fluent, so she offers weekly "Conversaciones con Carola" for students with some proficiency in Spanish, who, besides enjoying the diversionary aspects, may one day need that aptitude in a medical context.

She pays equal attention to the medical students' academic lives. Individuals who wish to digress from the usual M.D. course of study and opt for the combined M.D./M.P.H. program in conjunction with the School of Public Health or the M.D./M.P.P. (master's in public policy) joint curriculum with the Kennedy School of Government, for example, must first clear their proposed curricula with the student affairs office, which also grants leaves of absence — amounting to some forty this year — for students who want to do research projects away from home base. Usually any experience that furthers personal or professional growth is approved.

Although she tries to avoid being meeting-bound, Carola sits on several committees that are student oriented — the Promotion Boards, the Admission Committee, and the Student Financial Aid Committee. She is also an invited guest to meetings of the Faculty Council and Board of Advisors. The promotions board concerns itself with students having "temporary crises," as she termed them. A "rational program" is developed for them and then she or one of the faculty advisors to the office keeps an eye out to monitor the students' progress. On the admission and financial aid committees she is ex-officio, which, she says, allows her much more freedom

to speak her mind. During this past admission season, the Hamilton-Hunt Association went into action with support from Eisenberg. All the women applicants had the opportunity to speak with a woman student and after the class of 1983 was compiled, Eisenberg and several Hamilton-Hunt members organized a phone-a-thon to encourage the accepted students to matriculate at HMS.

One of the vexing issues in the realm of student affairs, and indeed of all of HMS, is Vanderbilt Hall. It has long been recognized that a full-time manager would be the key to coordinating the multifaceted needs and functions of the dorm. This has been accomplished with the selection of Deborah Atwood, the wife of a fourth year student, for the demanding post. Despite her valiant efforts, solutions are slow to materialize. There has been much talk in an amorphous way about the restitution of student-faculty relations, and Carola is encouraged that an improved dining service is being looked at as part of the answer. Sundry renovations are in progress, "thanks in large measure to administrators and alumni/ae who have been supportive of a new lease on life for Vanderbilt." Her hope is that accommodations for married students also will become a reality.

While she will agitate for what she considers student priorities, Dean Eisenberg's role is also to cushion the bumps encountered along the road to physicianhood. Informal discussion groups, initiated during the last few years through the student affairs office, continue on a weekly basis, with three ongoing groups headed by faculty advisors to the student affairs office: Carol Nadelson, associate professor of psychiatry at the Beth Israel has a first year contingent; Malkah Notman, associate clinical professor of psychiatry at the BI, works with a cohort from the third year; Roberta Apfel, instructor in psychiatry at the BI has students in the second year; and a small band of fourth year classmates is meeting without a leader. Eisenberg herself meets with a dozen or so first year students every Friday in her office and they talk over their brown-bag lunches. Cathartic for the students, these "support groups" help them to develop coping mechanisms, which they will need throughout their professional lives, for the underside of medicine. As a bonus, Eisenberg says, the people become good friends with one another.

"I've seen enormous changes in people and the students also have taught me a lot. I would have had a completely different view of student life had I not gotten involved in this way. They're gorgeous creatures and our discussions are

fascinating because everyone is open with his or her feelings." The confidentiality of their sessions is not betrayed by Carola, who agrees with the students that their privacy would be violated if the specifics were known. "The issues reflect the strengths and the weaknesses of the system, and they really show how diverse the admission process is. You have no idea what heterogeneity there is in their backgrounds and life experiences. They can feel isolated at times because they are so different but, the stresses also tie them together. In college they could be more cavalier towards knowledge for the sake of knowledge. Now what they learn will affect the lives of their patients; they feel the weight of what will be their future responsibility."

She makes it clear, however, that medical students are not compulsively anxious and that her role is not just a defensive one, to counsel and reassure. "I may see more with problems because they trust me. Some go through medical school with great ease, others hide the pressures. My counseling responsibilities make a difference to a small number of students. There are many who are well-adjusted and cope with little trouble." She reaches a majority of students through social settings, a medium that she thoroughly enjoys. "I talk with them outside of the office; they're fun to be with. I've invited the first and second year classes in groups of twenty-five to our house. These are lovely evenings — we mix the classes up rather than dividing them alphabetically, which they are sick of, and they get to know different people."

As a matter of fact, Carola lays to rest doubts that class spirit has gone the way of the dodo. "They're energetic, enthusiastic and each class has a strong identification. The second and fourth year shows especially are unifying, powerful social forces. When the second year starts ICM, that's the time they say good-bye to their class as a unit. The cry of the third year is that they are off in the hospitals and they miss each other. We're trying to devise some kind of large-scale activity for them. The fourth year class has internship applications and graduation exercises as a common focus." The pressures and anxieties of being medical students will not disappear — and perhaps they shouldn't because medicine cannot be practiced in a blasé manner. "They're exhausted after the brutal competition to get here. They know themselves, and they find ways to relax, from playing squash to listening to music. They display intensity, devotion, and enormous and constant effort. I try to create an atmosphere that is happiest for the students and to influence the quality of life for them." In a student affairs dean, who could ask for anything more?

— J. GORDON SCANNELL

# Henry C. Meadow Dean for Planning & Special Projects



With Henry Meadow still firmly in office in Building A, alumni/ae can be confident that the administration will not be too new, and that it will know how to learn from experience. Henry's permanence, and the mysteries of his functioning, make him seem like some *éminence grise* behind the Dean. In fact, deans come and go, but Henry remains, like Talleyrand or the late Anastas I. Mikoyan. A talk with Dean Tosteson followed by one with Dean Meadow dispels these thoughts, however. Tosteson refers to Henry Meadow's devotion to HMS with obvious affection and respect. Meeting Meadow himself, one can quickly appreciate why. Henry is ruddy rather than gray — a younger Walter Cronkhite painted by Gilbert Stuart. He radiates two things: affection and helpfulness. A third quality perhaps explains his permanence. He can speak at will in a fashion that's ready for print in a formal report, and he intersperses the flow with anecdotes and allusions. He quotes Kipling and Browning, and he is knowledgeable about the biosciences and excited about new ideas. A tendency to repeat the last words you have spoken is almost a tic — but it persuades you that he listens, and it implies that he agrees. This trait must surely shorten discussion, a process hastened by the machinations of an extraordinary clock in one corner of his office. This DaVinci-type contraption raises steel balls to the top of a rather tipsy framework, and then, when enough are collected, lets them roll to the bottom. The rattling of all this punctuates the interview.

— GEORGE S. RICHARDSON

*Can you tell us yet what your assignment in Special Projects is going to consist of?*

Well, you're going to have to give me a little more time before I can answer that question with any degree of accuracy because at the moment a good deal of my time is spent in transferring my past responsibilities, chiefly over to Mr. Adams. I hope to be able to work with the other Deans in structuring methods of approaching various tasks. The Dean and the faculty set the pattern and then administration has the task of determining how it may be woven into cloth. This Dean is a pretty collegial individual. He wants to work *with* the faculty rather than to make decisions in absentia so to speak — something that George Berry would occasionally be accused of.

*There is an enormous task in development isn't there?*

Yes, the task is enormous because society's demands on the School and its affiliated hospitals are changing and changing rapidly, along with the financial mechanisms that society will allow in supporting its demands. Meanwhile, we will have to continue to make ends meet. We are fortunate here because government support, instead of being almost total as it is in some medical schools, is less than fifty per cent. Meanwhile the hospitals have the problem of continuing to operate their teaching programs in relation to funding sources that are linked to patient care.

*I would think Harvard Medical School would almost need to maintain a consular office in Washington.*

The University has a Vice President for Government and Community Affairs, Robin Schmidt. One person on his staff, Jane Corlette, has responsibility for health-related matters. She spends half her time in the Medical Area and works closely with Dean Spellman who is responsible for governmental relations. They are in contact with both the legislative and the administrative branches of government on a continuous basis.

*Henry, I believe many people would be interested in knowing how you first happened to come to Harvard Medical School.*

By accident. When I was in the Navy Department in Washington, I came to know Allan Valentine who was then president of the University of Rochester. Right after World War II, the Office of Naval Research was one of the leading actors, with the blessing of Secretary Forrestal, in supporting research in the universities. It was apparent that the government was going to stay on in the business of research support. I moved to Rochester and was there from 1947 to 1950. During this period I discovered the thing called a Medical School because there was one at Rochester. Its dean was George Whipple, co-winner with Minot and Murphy of the Nobel prize in medicine. He had been dean since the school was organized in 1929, and had brought together a faculty who, with the exception of Stanhope Bayne-Jones and George Corner, were all still there. He was a delightful old gentleman and the school was a very secure, sedate, well-regulated place. In addition to this, there was an emerging and burgeoning interest in research. George Berry, who was then chairman of the bacteriology department, was selected in 1949 by Harvard's President Conant to succeed Sidney Burwell as Dean of Harvard Medical School. It took about eight months for both Conant and Berry to persuade me that my fortunes would be happier in Boston than in Rochester. So it was all a mistake.

*Were there any associate Deans in those days?*

Reginald Fitz was working with the students. That was about it. Charles Greenough was business manager, but only on a part-time basis.

*What happened in Building A during George Berry's Deanship (1949-1963)?*

The administration didn't grow very much at all. George Berry spent a good bit of his time organizing and managing the so-called Program for Harvard Medicine, which raised 58.5 mil-

lion dollars towards the endowment of the School and helped rebuild the Quadrangle and the library.

*Do you see a difference in style and approach between Dean Berry and Dean Ebert?*

Dean Ebert felt that academic medicine should exercise leadership in the area of the delivery of medical care. He decided that it was time for a new method of health care delivery to be sponsored by an educational institution, which could guarantee the quality of its program, and that was the basis on which he launched the Harvard Community Health Plan. It went through its struggles and now is thriving — a form of health care that seems to be more and more in demand. The other aspects of the Ebert era were a constantly increasing concern with social change, precipitated in large measure by the attitudes of the students towards themselves and towards the School, and also by the concern of the people of the United States, expressed through the federal government, for increased civil rights, equality of opportunity for women and so on, all of which had to be expressed in the Medical School. I think that from that point of view, Ebert was a very good Dean, a very timely Dean, for precisely his irenic qualities. I think this is what it really took in order to accomplish these things — because he really did accomplish them. The student body was made to include minorities and a similar change was begun in the faculty. Perhaps he did not do some things as well as George Berry. He didn't hold the hospitals together — they drifted off to a much greater extent. He did push the Affiliated Hospitals Center together finally, after many years of bickering. All in all, Dean Ebert might be characterized as having increased the level of concern for the humanities of medicine without allowing any diminution of the science of medicine.

*Do you think we face new and different tasks at the present time?*

I think the level of information in the basic sciences has reached the point where someone has to rethink the entire educational framework. I'm a poor one to talk about this simply because I've never been through any medical educational experience, except vicariously through my daughter who is finishing her internship. But looking at it from the outside, I see students becoming progressively more frustrated by the amount of information with which they're confronted, and by the inability or disinclination of their teachers to order it for them. This may be a product of the fact that we're still teaching in the same format that we've taught in for many years or it may be simply that we haven't learned to manage the amount of information that we now have. So I think there is a

Particularly important to Meadow is "being a helper rather than a leader in the decision-making process."

real challenge here. This is what Dan Tosteson is particularly concerned with. Another problem is associated with the cost of educating physicians being borne more and more by the patient population rather than by the students themselves or some charitable institution. As a result, society is going to say more and more about how it wants the specialities distributed and how many of each there should be.

*Hasn't there been an enormous rise in the cost of undergraduate medical education?*

It's very difficult to measure how much it costs. Tuition has increased at a lesser rate than the rate of inflation in the last two decades.

*Do you think we should be launching another Program for Harvard Medicine?*

That problem, of course, is in the hands of our Dean for Resources, Alan Olsson. A great deal has changed since the previous drive was carried out in 1956. A large part of the money came from foundations. At the present time, foundations are no longer disbursing funds in the mainstream. They prefer to define their interests narrowly so that they can see the response in terms of specific accomplishment. It's true that particular goals within the Medical School may derive funding in this manner, but it's extremely difficult to make one medical school out of innumerable patches. Our endowment income is extremely important and, except for tuition, is the only regularly recurring source of funds. Gifts are, of course, important and alumni/ae giving is essential.

*You hold the enviable distinction of having given continuous service to Harvard Medical School for nearly thirty years. What would you count as your accomplishments?*

It's hard to answer a question like that in a job such as mine. What one does is participate in most of the affairs of the Medical School and one takes responsibility for implementation. This job through the years has been an implementing and to some extent a planning job. I have dealt essentially with two requisites: making it possible for specific and for general objectives to be accomplished. To be a helper rather than a leader in the decision-making process, and giving what I hope has been good advice and counsel. Particularly important has been accepting decisions as they are made. For example, when Dean Berry decided that a library for the faculty was a vital necessity and that funds could and would be found for its construction, my job was to get it built. It was a job I shared with the person hired to be the first librarian. In other words, I try to make sure that things get done.



*Henry, I am surprised that during your years of association with this School you have not picked up an honorary doctorate somewhere.*

Well I can't say that I'm sorry. If I were, I would content myself by remembering that shortly after I arrived at Harvard Medical School I was called over to Massachusetts Hall by President Conant. At that time Captain Higgins had died and had left quite a sizeable fortune in trust with the United States Trust Company of New York. The income was to be distributed among Harvard, Princeton, Columbia and Yale. An individual named Benjamin Strong, then the president of the bank, invited the presidents of the universities to discuss with him how the money might best be used. Mr. Conant explained to me that each university had been asked to send a representative, and he said, "I myself can't think of any kind of collaboration that Harvard would really be interested in. Please go down and represent Harvard." It was a very interesting lunch. I think that all the delegates and representatives there had been instructed in precisely the same way. But the point of the present story came when Mr. Strong turned to someone and said, "I really don't understand how to address you guys. You're all doctor of this and dean of that." There was a silence, and then the answer, "Sir, the title of honor in a university is Mr." I've been in the university all my life and I'm still Mr.

# Mitchell Adams Dean for Finance & Business

**H**is forebearers include those prominent to medicine in Boston and at Harvard, among them Dr. Zabdiel Boylston, who demonstrated the value of variolation, and Ward Nicholas Boylston, whose bequest established the Boylston Society at HMS in 1811. So it seems not at all surprising to find Mitchell Adams a dean of the Harvard Medical School. But his becoming Dean for Finance and Business entailed a more circuitous path than initially might be presumed.

As an undergraduate at Harvard College, Dean Adams, a descendant too of the Adams family, majored in art history, with a concentration in Italian mannerist painting, while fulfilling premedical requirements. But in his senior year he changed his mind about following in the family tradition and becoming a physician. The year following graduation, he entered the Harvard Business School, receiving his MBA in 1969. For the next six years, he pursued interests in the fields of investment management and real estate development, the former as director of research at Studley, Shupert and Company of Boston, the latter as a founding partner of Commonwealth Development and Investment Associates, a firm that developed multi-family subsidized housing in New England.

Four years ago he changed the application of his business background by entering the health field because he saw it as "a stimulating environment offering a new set of problems." As a senior program analyst in the Certificate of Need Program for the Massachusetts Department of Public Health from 1974-76 he examined hospitals and other long term health care facilities to determine the financial feasibility of their programs. He also conducted training sessions in financial analysis for members of the DPH staff and worked with other state agencies and third party payors.

During the past two years Adams found himself immersed in the mainstream of Harvard medicine at the Beth Israel Hospital in 1976 where, as budget director, he formulated and managed the hospital's budget to determine income and expense in over five hundred cost and revenue centers. There, too, he designed a computer system to monitor, control, and analyze the function and economics of certain of the clinical and administration departments.

"I entered the health management field with real business know-how which is unusual," he says retrospectively. He experienced no change in allegiances when he moved to an office that fronts on the Quadrangle — having had somewhat of an insider's viewpoint already. Adams, who often opens up



*In the background, Dean Adams's great-grandfather, Major Zabdiel Boylston Adams (1829-1902), who was a surgeon in the Civil War.*

Building A at 5:30 A.M. and closes it at night, says that he is "wonderfully enjoying the job. It's a tremendous opportunity." As Dean for Finance and Business he is not restricted to dealing with "just finance." In addition to the financial operation of the Medical School, his position encompasses administrative responsibility for building and grounds, as well as all new construction and renovation — he looks forward to overseeing the construction of a two and a half million dollar underground animal facility in the Quadrangle that will be

His philosophy is to prune in the areas that he directly manages, such as putting a "freeze" on hiring into effect.

beginning in May. Also within his purview are parking, security, data processing and personnel. Directly and indirectly he supervises over two hundred administrative, clerical, and maintenance employees.

Asked what his accomplishments have been in the past eight months, he says quickly, with a slight droll expression, "there have been no accomplishments." Pressed — "Not even minor ones?" — and he shakes his head no before offering his own explanation. "What I have done is taken steps to broaden management in my area." One of Adams's initiatives in this direction has been to hire a colleague from the Beth Israel, John Deeley, as director of administration. Formerly director of the accounting department and in charge of reimbursement for medicare, medicaid, and Blue Cross, Deeley will, Adams says, supply the Medical School with expertise in the administering of grants and contracts, overhead recovery, and hospital financial relations, plus assist in other duties.

Overhead recovery of indirect costs is a phrase very much on the mind of Mitchell Adams. What it refers to is this: the reimbursement to the Medical School for the costs of heat, light, power, and administrative particulars incurred in conjunction with research and training activity, funded largely by the National Institutes of Health.

The seventies have been a difficult time in the existences of most medical schools and 1979 has not yet brought forth a surge of optimism to quell the noticeable concern of those in charge of balancing budgets. He reiterates the obvious: "We must locate new sources of income, especially from outside the University, and we must find ways of spending less money. Recovery of indirect costs is a large part of it."

As Dean Adams wrote to the students in a letter dated February 20, there are a number of factors contributing to financial pressures in the coming year: loss of grant support, the decrease in capitation, soaring energy costs, and the continued corrosive effect of inflation. The letter also announced a thirteen per cent tuition increase for 1979-80, which will bring the cost of attending Harvard Medical School up \$750 to \$6,500. Still, this amount is below the average for all private medical schools. "The students have reacted well to the increase. We've explained as clearly as we can why it's necessary. An increase in tuition should cover part of the gap created by increased expenses and lowered income, but not all of it. Students who now require financial aid, as a result of the increase, will get more financial aid."

He recites the crucial facts: endowment income is expected to grow four per cent in the next year and is projected to increase only three per cent for 1980-81. Since inflation pushes the costs supported by this income at a rate of seven per cent or more, a loss of buying power is occurring annually that is equivalent to the income yield of five million dollars of endowment capital. What it comes down to is that Harvard Medical School is facing a new economic equation. "Our financial support system as now constituted, dependent primarily on endowment income, tuition, and government support, cannot sustain our needs and provide for new initiatives."

While he shies away from using the word deficit, he concedes that there are "major new costs and a shortfall of income for the next year." His philosophy is to prune in the areas that he directly manages, putting, for example, what he calls a "freeze" on hiring into effect, "such that any time a vacancy exists it can't be filled until the position is justified to me. This can be an effective way of currying out unnecessary personnel to the extent that they exist."

Despite Adams's reticence to claim accomplishments, changes attributable to him have occurred around Building A since his arrival. A new security system is in place, which he does take credit for, and he hopes to help find ways of improving amenities and other conditions in the medical area. Having discovered computer systems at Harvard in a "nascent state," he is doubtlessly intending to prod along their development too. The first major project is underway involving the faculty appointments system and should be completed in June. Data processing capabilities are Adams's strong suit and he is examining the prospects for a variety of management information systems around the Medical School.

The last few months he has been immersed in preparing the budget for presentation to the Corporation of the University. With that weight lifted, he most likely will return to work on the six foot model of the Queen Mary that reached two-thirds completion prior to his arrival in Building A. A minor masterpiece, it is outfitted with a bilge pump and can travel four knots. When he is at his office desk on the weekends he has the company of his golden retriever, Millard Fillmore, whose picture sits atop the bookcase, along with the legend Minor Affairs, reasonable prices. He confesses, however, that his life since coming to HMS has centered on "nothing but this job." Yet the confession is one of exhilaration at the challenges that being Dean for Finance and Business pose

— NANCY V KOUGEAS

# Alan Olsson Dean for Resources

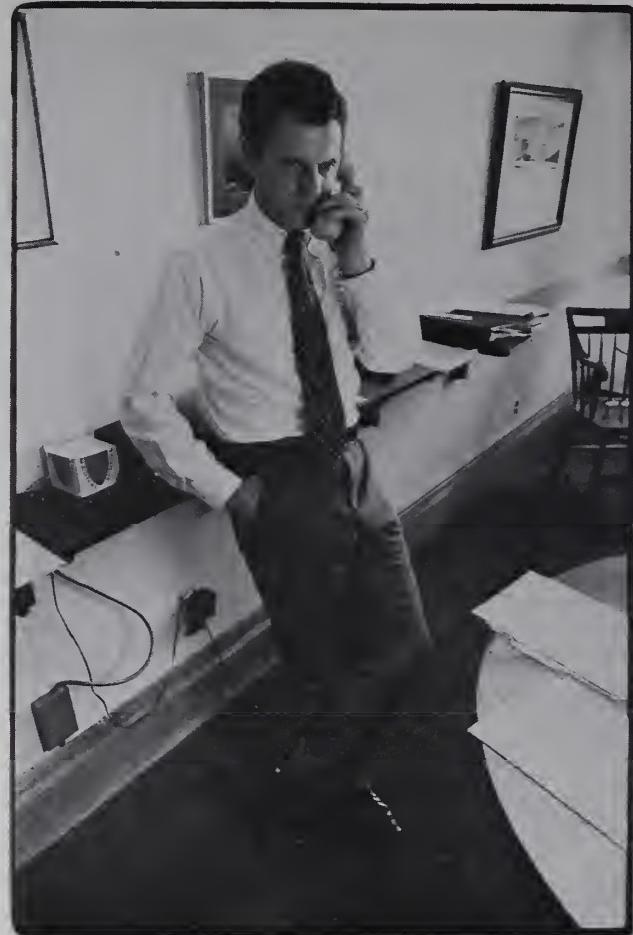
Trading in some eleven years as an administrator at Rensselear Polytechnic Institute in Troy, New York, Alan Olsson last fall assumed the position of Dean for Resources at Harvard Medical School. Having risen from associate director of development to vice president for external affairs at RPI, Olsson has the aptitude, background, and ambition to put to work in Harvard's behalf. He had charge of fund raising, news and public relations, alumni programs, government and community concerns, and grants and contracts administration at RPI. One of his accomplishments while there was exceeding the five-year goal of the school's 150th anniversary fund drive. Olsson came to RPI after serving as president of an investment firm in San Francisco. On the reserved side, he is still getting his bearings around the Medical School complex, and increasing his exposure to faculty and alumni/ae. With the pressure on to seek out new and independent sources of income, to expand the circle of people interested in the School, in Alan Olsson, HMS has a true believer.

— DEBORAH W. MILLER

*The Dean has made it plain that the Harvard Medical School is not sitting on a pedestal where its funding is concerned, yet there is a fair amount of skepticism that Harvard's future is in jeopardy because of financial reasons. How do you answer people who — perhaps because of Harvard's preeminent reputation — say that the administration is crying wolf? Wealth is a state that I would hope is not assumed when one thinks of the Medical School, because it just isn't so. Because of inflation we need to increase support to maintain the status quo. For example, all educational institutions are falling behind in the compensation of their faculties and in the currency of their teaching and research equipment. Harvard, like its sister institutions, has accumulated a tremendous debt in deferred maintenance. Thus, the Quadrangle is beautiful, but working parts of it are still too reminiscent of 1906. A tradition of merely maintaining the status quo wouldn't have moved Harvard to its present position of eminence; it certainly won't keep it there. We must have the resources available not only to support existing programs, but to seed new ones. Right now, we just can't do that as we should.*

*If support is required for new programs and directions then perhaps, to maintain a balance, the level of support ought to be reduced accordingly for areas that are not moving forward as fast. In other words, shouldn't the process be one of substituting rather than enlarging?*

The sunset process is probably a good one for all societal institutions. I don't think Harvard Medical School should be



exempt from making choices. We can't do it all. Choosing is an agonizing process and the resource development program is not the panacea which is going to obviate deciding what our priorities are. There is no rainbow to follow to a pot of gold sufficient for all the dreams of the Medical School or of any other worthy cause.

*For the new administration to include a Dean for Resources on its roster indicates that the outlook is not completely dismal. You must be hopeful that Harvard can accomplish its objectives. What brought you south from Troy?*

I'm here in large part because Dan Tosteson is an unusually

“The essence of resource development is, of course, involvement, which is what I'm most interested about augmenting here.”

effective advocate for this institution and where it's going. It was he personally and the people here he kept introducing me to — the other deans and members of the HMS family — that made me decide to accept the position. I'm interested in professional education — an interest reinforced by the eleven years I spent at RPI — and emphatically in health. As the long term needs of the Medical School are articulated, we're going to have to meet them in ways that depart from what has been done in the past. That challenge and Dan Tosteson's intense commitment to this area mean our work is cut out for us.

*It would seem that your office and that of Dean Adams share similar concerns, or rather similar apprehensions, about the cash flow to sustain current programs and to enable new explorations in medical education. Does resource development also figure in the blueprints drawn up by the other deans?*

Sure. This office — as Mitch's — is a support element for the School, and that includes the work-in-progress of the entire administration. On the other hand, resource development is a complex of feelings and actions by a large and diverse group of people. It is not the place to look in the short run for balancing the budget by, for example, saying that we need another \$300,000 in gifts between now and June 30. As for the other deans, they too are contributing to my climb up the learning curve. Mike Spellman and I are discussing mutually helpful programs that involve the teaching hospitals. I'm working with Jim Adelstein and Dan Federman on specific academic and student-related areas that are clearly the focus of resource development. And Henry Meadow, obviously a repository of knowledge and truth, is a great source of background information and advice and counsel.

*The University is about to implement a capital campaign to raise some \$250 million. Will the scope of that drive conflict with plans that are being formulated for HMS?*

No. We're not anticipating a campaign here in the conventional sense. HMS's needs are substantial, but they also are continuing. We would like to shift into an appreciating effort that rolls on and on — an objective perhaps harder to realize, but better geared to our needs. Where we have to be careful vis à vis the University campaign is how we relate to prospective donors and there is a mechanism for that. What I'm looking at now is a rough cut of a two year plan. It's difficult to plan in any precise terms beyond that kind of time frame. At the end of the first cycle, by the way, HMS will mark its 200th anniversary [1982], too significant an occasion to pass quietly!

*I'm interested in your thoughts about latching onto donors. Is there a method by which you catch someone's interest in the Medical School? Are you trying to introduce people to HMS who have not been approached before?*

There are obvious constituencies for the Medical School; the most obvious is the alumni family, which doesn't directly fit organizationally into this office, but is of great interest in the large picture. In that respect, I'm delighted to have Carl Walter as a colleague. If the alumni/ae are the most direct prospects, then the least direct may be General Motors or the non-Harvard person who lives in Wichita, for instance, and has an interest in health, and a desire to associate with an institution that is in a position to make things happen. There must be a basis for interest, whether in Detroit or Wichita, then the essence, of course, is involvement, which is what I'm most concerned about augmenting here. For alumni/ae it comes from being here as students and associating in some way with the School afterwards. But for a corporate executive, who is beset with affiliations, what is there in the Medical School that could be interesting? For any donor who chooses to have some relationship with this kind of institution, there has to be something flowing back, whether a feeling of recognition, of association, or of knowledge. This is true for all kinds of donors — institutional, corporate, foundation, or individual. Whatever it is, we must provide the motivation for their interest. Then there's an entirely different kind of quid pro quo evolving, with HMS in the lead, and that's in research-related interactions with industry. I came from an institution with strong ties to industry by dint of its graduates — engineers and technologically educated people — so I am used to that mode, am glad it exists here, and I think it can be expanded.

*Sounds as though you need some type of sensory device that can be activated at a distance from HMS to transmit the vibrations of people receptive to hearing more about the School.*

Unfortunately, we're not that advanced technically! It is definitely true that we need field volunteers. We have a group of friends in the Committee on Resources, whose purpose is to provide direct assistance in the area of resource development. The committee, which was established during Dean Ebert's tenure, captured the attention and energies of several individuals who worked in Harvard College-related fund raising activities. They worked together in the Program for Harvard Medicine and happily, stayed on to people the Committee on Resources. We want to focus this body more on revolving assignments with different combinations of people working on various objectives. The committee has

been organized into three groups, each "convened," as we've termed it, by one member: Jerry Austen for the faculty; Carl Walter for alumni/ae; and George Walker for the lay group. Task forces will combine these groups to concentrate not only on fund raising, but on underlying resource questions.

*Is there a difference in the terms "resource development" and "fund raising"?*

No, except that "fund raising" has had the connotation of passing the cup. That's a long way from what goes on at HMS. "Development" was a euphemism pulled in to define — or not define — what was really going on. It is a confusing term; it is hard to know exactly what it means. Putting "resource" in front of it, to me, suggests something larger than a specific donation. It suggests that the whole question of resources has to be looked at in a broad context. "Fund raising" for many people, including me before I understood it, meant a single episode of asking for money and a response of reaching into your pocket. That may be an entirely appropriate and happy act, but it is the last step in a series of processes which begin with your attention being called to the need itself. That's why it is fatuous for a development office to say, "We raised X dollars," and why the term fund raising itself is misleading. We don't raise anything. People come, learn, believe, commit — and they do that pretty much on their own.

*Are there particular programs that you are trying to earmark funds for?*

No, if what you mean is do we set academic priorities. That is not something that this office should properly do. I think we can comment on the efficacy of programs in terms of their ability to attract attention. Again, we take our cues from the donor. The process of focusing attention frequently begins with a smorgasbord of opportunities. People get an idea of what we're doing in genetics, in health policy, in improving Vanderbilt Hall. And you can see if their eyes light up at the mention of any of those things.

I feel strongly about the continuum of information leading to understanding, which in turn leads to support. As the Medical Area News Office is also part of my responsibilities, I hope to be able to expand its capabilities. The question of communicating in print is something that needs to be addressed. The newsletter, *Focus*, does an admirable job with limited personnel, but the Medical School and other elements of the Medical Area need to be heard more widely through the popular press. Lillian Blacker, director of the news office, and I are working on methods of reaching a wider audience.

*What kind of an educational background do you have to be able to function in both written and personal communications?*

I am a liberal arts graduate, an English major, but my education probably came later. My family is an academic one and I, as an assertive post-adolescent, was determined not to end up in an educational setting. Thus, I fled to the Navy — where I more than made up for avoiding in college anything that smacked of quantification — and then to business. However, you see what happened; the prodigal returned! I can now say that the family background has been useful. For the last eleven years I've tried not to forget that I am at the helping end of the spectrum. That is, the vital processes are going on in the classroom and in the laboratory, and it's a great enough pleasure to be able to support that.

*Recently, there have been several notable gifts to foster ongoing research studies at the Medical School. One such, from the Hearst Foundation, will support investigation into the causes and prevention of cerebral palsy. What role does the Office of Resource Development play in securing that kind of donation?*

The initial discussions surrounding that particular gift pre-dated my arrival here, so I was clapping enthusiastically on the sidelines. Dan Tosteson was closely involved, of course, as was Dr. William Berenberg at Children's. As an oversimplification, our job is frequently matchmaking. We help identify potential donors and opportunities for giving, and then we try to bring all of that together.

*Do you think the philanthropic instinct is lying dormant in everyone?*

In many cases, the moment when a person makes a gift is that person's finest moment. It's great to share in. Those who devote themselves to an institution, who serve on committees, such as the Committee on Resources, when they don't have to, the fact that they volunteer their time and loyalty — sometimes for considerable pain — is terrific. There's nothing like that in any other pursuit that I can think of. In great measure, the philanthropic bent is a trait peculiar to Americans. There are few people who have uniformly even interests across the whole spectrum of eleemosynary activities however, and it is wonderful that there is a special feeling among a broad public for Harvard and for its presence in medicine. That confluence is a captivating one. It captured me.



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